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After this certificate has been signed by the otherding physics on the bunditional permit. Then please remove carbon paper and the bundition or removal.

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MPORTANT, If Nem 21 is

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE	DEPA		TH AND MENTAL HYGI TE OF DEATH	8 4 1	72 5	- 40
	CEASED NAME CLIFF	FORD MIDDLE	AIL	5	26 DATE OF DEATH MONTH	12.84 12.84	28. HOUR -1/
1.SE		4 RACE WHITE	5. DATE OF BI	DAY AR	6. AGE (IN YEARS LAST BIRTHDAY)	HEUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
2 B	PA**	76 CITIZEN OF WHAT COUNTE	MARRIED MIDOWED	NEVER MARRIED	P. BALTIMORE CITY OR COUL HARFORD WUN	M. I	MD.
10.00 F/	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR		HOSPITAL	120 USUAL OCCUPATION HOSE OF WORK FOR MOST OF WORKIN	G LIFE) JNDUSTRY	F BUSINESS OR
USU 13a	AL RESIDENCE IF NURSING HEMI OR		JMN 1134	INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C		79999
Q.F.	WILLIAM	B. AILE		MOTHER'S MAIDEN NAM	MIDDLE	AYRE	5
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SI	-6405 E	JA AILES	RDJ BUY,5	DEUK	PA
	PART 2 OTHER SIGNIFICANT C	D BY: E CAUSE (0) DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	OUENCE OF		EST age CD ASCUD		MATE INTERVAL JNSET AND DEATH
CERTIFICATION	THE DATE OF OPERATION	196 CONDITION FOR WH			20g AUTOPSY? 20b IF	YES, WERE FINDIN RTIFYING CAUSES YES []	GS USED
MEDICAL CER	SIW MATTER OF STREET		DAY YEAR 19	LOCATION STREET	ED (ENTER NATURE OF INJURY IN ITEM	TB PART (OR PART 2)	STATE
	72s.1 certify that (1) (this haspit saw the deceased alive on		411		eath occurred on the date and	/	
	271 PHYSICIAN'S DAME (1495	TAIR M.		ATTENDING PHYSICIAN TO	MEDICAL STAFF DIRECTOR PHYSICIAN	Rasil	12/87 MD2104
23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 2 5-24-84		TEVILLE	DELTA	YORK	TA.

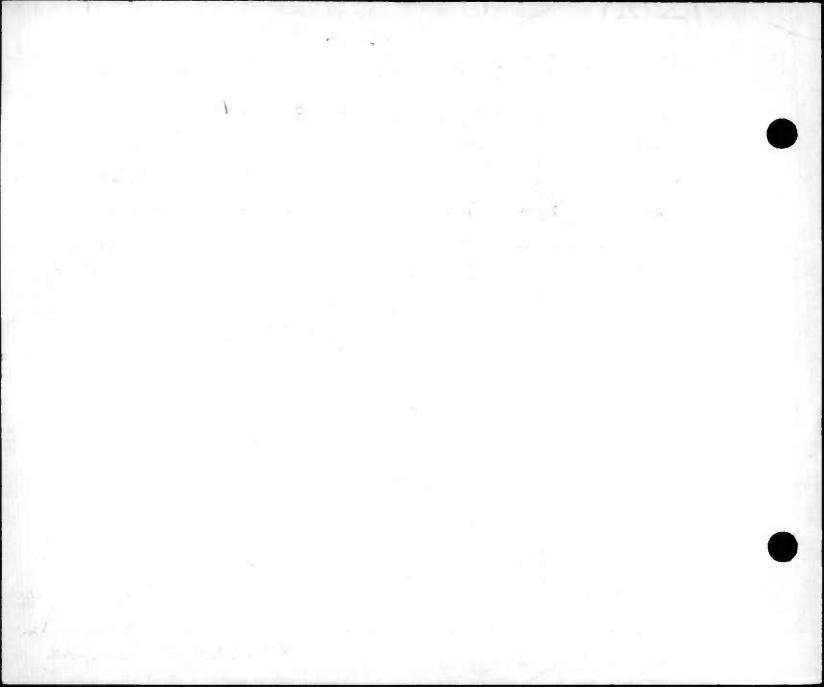
DHMH - 16:50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR

YORK

TA

MAY 25 884 REGISTRAR'S SIGNATURE



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ony injury, or other troumotic event, who

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N 1 1 1					SIAI	E OF MAKILAND							
FOR				DEPART	MENT OF H	EALTH AND MENTAL H	IYGIENE		Part of				
- STATE	STRAR				CERTIF	ICATE OF DEATH	8	REG	NO 1	3 8	5	3	
1. DECEASED	NAME	FIRST	,	MIODLE	i,	AST	20. D	ATE OF DEATH		DAY	YEAR	2b HOL	JR
(TYPE OR PRINT	T)	1	0		^				5	- 12 -	84	12	30
		lara		zabeth	T	nderson						IF UNDER	PM
3. SEX		4.	RACE	0	S. DATE C	DAY YEAR		E (IN YEARS LAST	BIRTHDAY)	MONTHS	R 1 YEAR DAYS	HOURS	MIN.
	ਜ	375	Black	r	5	9 1891	4	90	YR	RS.			
70. BIRTHPLA		OREIGN 76		WHAT COUNTRY?	8	- Dayer warner I	9. BA	TIMORE CITY	OR COU	NTY OF DE	ATH		
COUNTRY	Md.	Y 1/2 B	USA		WIDOWE	D NEVER MARRIED !		Harfor	W				MD.
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			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)		(TYPE	OF WORK FOR MO	ST OF WORKIN		USTRY		
Havre	- 010	-	Harfor		104	Hospital		Retire	1				
13a. STATE	DENCE (IF NURS	136 COUNTY		GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS	? 13e. S	REET ADDRES	SS				
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14. FATHER'S						15. MOTHER'S MAIDEN							
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160 WAS DE	CEASED EVER			166. SOCIAL SECL		17 INFORMANT		ADI	DRESS		56 -		
	OR UNKNOWN)	(IF YES, GIVE V		218-40-3			an 25	O Barro	1	~ 0+	IIDO	M	3
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ORCO	CCIDENT WAS UNI	CAUSE OF DEATH	21b. TIME O HOUR A P	M. MONTH D	AY YEAR	21c. HOW INJURY OCC	URRED (E	NTER NATURE OF I	NJURY IN ITEM	A 18 PART 1 OR	PART 2)		
ZId IN WHILE AT WOR	NJURY OCCUR	HILE	218. PLACE (OF INJURY BEET, FACTORY, OFFICE, I	ARM ETC)	21f. LOCATION STREET		CITY O	RTOWN	со	UNTY		STATE
220.1	certify that (I)	(this hospital) ottended the	e deceosed from_		, 19	, to			19		that (I) (we) lost
\$17	w the decease	ed alive on		19	0.1	nd that in (my) (our) opini	ion death o	ccurred on the	e date and	hour and fi	rom the	couses st	oted

above, (1) (we) (did) (did not) view the body after death

ATTENDING PHYSICIAN MEDICAL STAFF

_	22 DATE SIGNED	-
	115/1	p.
	5/1-/	1

23c NAME OF CEMETERY OR CREMATORY Union United Meth.

23d. LOCATION
CITY OR TOWN
Aberdeen

Harford Md.

23a BURIAL, CREMATION, REMOVAL Burial

236. DATE 5-16-84

24. FUNERAL DIRECTOR Arnold Beard 353 Fountain StoresHDG, Md. 1984 Tuha Davidson Pandale

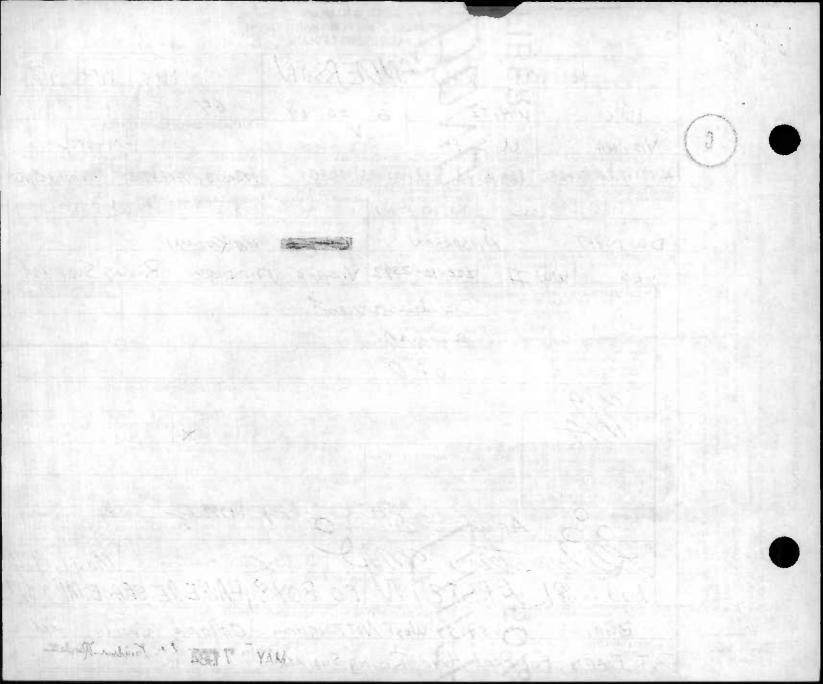
DHMH - 16 50M 4/B2 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompopers. Pages with the State Dept. af Health and Mental Hygiene prior to burial, cremotian, or remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physicia IMPORTANT: If Item 21 is morked or BP.

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(VRA 15, 4)

, 1				STATE OF MARY	LAND				
		FOR STATE	DEPART	MENT OF HEALTH AND CERTIFICATE OF	1.0	NE 2	2 3	100	3
-	050	REGISTRAR	WIDDLE	CERTIFICATE OF		REG. NO	ONTH DAY	YEAR 2h H	1011D
(TYPE (EASED NAME LA FIRST	L. Day /	ANDER	SON	20. DATE OF DEATH	10. 1 1	994	942
3.	SEX	14 R	ACE	5. DATE OF BIRTH	1010	AGE (IN YEARS LAST BIRTH			NDER 211 HRS
3			UHITE	MONTH DAY	YEAR 19	64	YRS.	DAYS HOU	JRS MIN.
176			ITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER	MARRIED	BALTIMORE CITY OF		EATH	
1	21	/iRYINA	U.S. A.	WIDOWED	DIVORCED		140	rord	ME
10	CIT	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN			12a USUAL OCCUPATIO	WORKING LIFE) IN	L KIND OF BUS DUSTRY	
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	3a. S1	ATE MI SHOUNTY	L RISING	N. 13d. INSIDE	CITY LIMITS?	3e.STREET ADDRESS /		Lane	
7 14	FAI	HER'S NAME			R'S MAIDEN NAMI	E	o word		
3/4/	D	wigHT MIDD	ANDERSON	7	FIR51	UN KNOWN	/	LAST	
1 16		AS DECEASED EVER IN U.S. ARMED	B OR DATES		ANT	ADDRES			
1	1	ies ww	7 228-12-	2392 Vizg	INA A	NDERSON	Kisik		1 MM
		18. CAUSE OF DEATH (Enter only o PART I. DEATH WAS CAUSED BY	ne couse per line far (a), (b), an	1	1			APPROXIMATE BETWEEN ONSET	AND DEATH
		MANUAL C	AUSE (a) Carali	inarres	1				
		Canditions, if any, which	DUE TO, OR AS A CONSEQUE	ENCE OF					
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCEOF			E 31477		
		underlying cause last.	(c) COP	0					
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	D TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN	PART 1(a)	
	CERTIFICATION	9a DATE OF QPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YES, WER	E FINDINGS I	USED
4	E	NIA				YES NOX	IN CERTIFYING YES	CAUSES OF D	
0	ă l	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 21c. HOW	INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OF	(PART 2)	
7	5	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				5-8	
	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f. LOCAT	ION	CITY OR TOW	N CC	YINUC	STATE
		AT WORK AT WORK		A ce mun	1.094	maren	et 10 d	271	11. / -5.1
		22a.1 certify that (1) this hospital) saw the accessed live on abave (1) we) (did) did nat) vi	1	211		eath occurred on the da	e and haur and		(I) (we) los es stated
	1	abave (I) we) (did) (did nat) vi	ew me bady after death.	DEGE)		2	2c. DATE SIGN	IED
		Lulyer	lein ?	11/1/	ATTENDING PHYSICIAN	MEDICAL STAFF	AN D	Manl	,193
7		22d. PHYSICIAN'S NAME TYPE OF PRI	1 600-10 1	10 / 22e. ADDR		I HALLET I	1-000	- ne	Dark
		YOUIS ALL	EKS/E/	10 1.0.	ROX8	, HAVKE V	E GKH	CE, MI	2101
23		JRIAL, CREMATION, REMOVAL 2	3b. DATE 23c. 1	NAME OF CEMETERY OF		23d LOCATION	COUR	чту	STATE
	4 511	BURIA!	1445,1984 W	ESI /VOI/IN	19HAM	COLORA	(BCI	ÉICH MILIDE	HI.
83	7	NERAL DIRECTOR	ADDRESS	2	ANN	REC'D. BY REGISTRAR	Munds	- Mana	200



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DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CEI	RTI	FICATE	OF	DEATH	8

REG. N	1 3	8	3	j
DEATH	MONTH	DAY	YEAR	2b. HC
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1-	FOR STATE REGISTRAR			DEPAR		EALTH AND ME		8 4	REG. NO.	8	Š	၁
1. DE	CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DE	EATH MONTH	DAY	YEAR	2b. HOUR
,	Frei	ne	Nor:	ris	Anx	derson)	5-6-81	4 may	6	84	1112 PM
1.5E	Temal-	A	Cavc	asian	5. DATE C	/1906	YEAR	6. AGE IN YEAR	S LAST BIRTHDAY) YRS	MONTHS	DAYS	HOURS MIN.
7s. B1	RTHPLACE STATE OF	FOREIGN 7	L CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVER MA	DDIED [9 BALTIMORE	CITY OR COUN		ATH	
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F	alls ton)		H FACILITY, GIVE STR		or other institu	ital	120. USUAL OC (TYPE OF WORK FO	R MOST OF WORKING		KIND O USTRY	Schools
13p. 5	AL RESIDENCE (IF NUR STATE ITVLAND	1136.COUNT Harf	TY	134 CITY OR TO	DWN .		0 🗆		omss Baldwir	Mi)	//C	oad oad
14. FA	THER'S NAME	Pa	yne	Norri	s	15. MOTHER'S M		McD or			LAST	ī
	NAS DECEASED EVER		MED FORCES?	213-38		Cornel		Standi	ADDRESS Lford, Ja			ille, Md
N	Conditions, if any, which (b)			R AS A CONSECUTIVE ON TRIBUTING I	DUENCE OF	Metasta NOT RELATED TO	THE TERM		or CONDITION C		PART III	Z folk
CERTIFICATION	19e DATE OF OPERA	TION	19b COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORM	AED	200 AUTOPS				IGS USED OF DEATH?
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0	278.1 certify that II Any the decom- shows, (II (yet)) 278. SIGNATURE 774. PHYSIC (AN'S N	this hought and of the did not see that the did not see the di	with body	after death. 15	84, or	PH 270 ADDRESS	ending Ysician 6	MEDICAL DIRECTOR D	STAFF PHYSICIAN	_, 19		that (I) (we) last couses stated
73a. 1	Burial CREMATION	REMOVAL	13b. DATE 5/9/8			Presby.		tery CHTY N	ew Park	YOF	κ̈,Ρε	enna.

DHMH - 16 50M 4/82

MPORTANT: If Bem 21 is m with the State Dep

sand completely filled in by the funeral dis Fages 1 and 2 should be filled within 72 has

756 BURIAL CREMATION, REMOVAL 236. C 5/14 FUNERANDIRECTOR FUNERANDIRECTOR

Park, York, Penna.

(VRA 15, 4)

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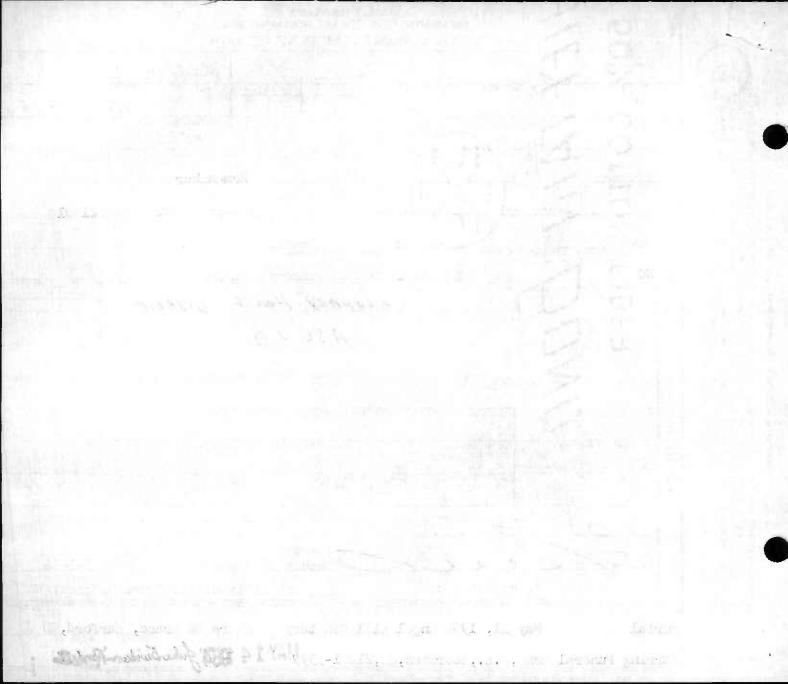
STATE OF MARYLAND

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STATE REGISTRAR		FOR				DEPARI	ST.	HEALTH		_	IYGIENI	E					
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DEATH MATED \$ 5/9 10 84 Barker F W S DATE OF BIRTH WORTH VAR 1 SAGE (IN TARK LAST BRITHOR) F W S 14 23 60 YRS TO BIRTHPLACE (STATE OR NOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. CITY OR TOWN Abendeen III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OR OTHER PRITUTION OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET ADMISSION III. NOTHING OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET ADMISSION III. NOTHING OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET ADMISSION III. NOTHING OF SIGNET ADMISSION III. NOTHING OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET ADMISSION III. NOTHING OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET ADMISSION III. NAME OF HOSPITAL NURSING HOME OF SIGNET			FIR	ST		MIDDLE			LAST		2	d. DATE	KNOWN [MONTH	DAY	YEAR	2ъ. Н
3. SEX RACE S. DATE OF BIRTH DAY YEAR ACE (HYTANS) FONDER 1 YR. HUNDER 24 HBS. 72. DATE MODIFIED MODIFI	(III	E OK PHINT)	Pos	m1		Tff.		Pos	rlean			DEATH	MATED X	5/	/9	19 84	12
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78. BERTHPLACE (STATE OR DORSES) 78. CITIZEN OF WHAT COUNTRY? 18. MARRIED NEVER MARRIE		F	W	MC					HS DAYS	HOURS	MIN.			5/9	9	10 84	9
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10. CITY OR TOWN OF DEATH	FO	REIGN COUNTRY)	N C		TTCA							Hai	rford				
Aberdeen 9 Market St. USUAL RESIDENCE (# INNURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE RÉPORE ADMISSION) 13a. COUNTY Harford Aberdeen 13. COUNTY Harford Aberdeen 13. COUNTY Harford Aberdeen 14. FATHER'S NAME FRST HODIE LAST 15. MOTHER'S MAIDEN NAME FRST 15. MOTHER'S MAIDEN NAME FRST 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY. 18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY. 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19. DATE OF OPERATION 19. CAUSE OF DEATH 19. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c).) PART 2 DIHER SIGNIFICANT CONDITIONS CONTINUOUS CONTI	10. CI	TY OR TOWN		11. (NAME OF HOS	PITAL, NI	URSING HOA	AE, OR OTH			X	AL OCCU	PATION (TY	PE OF WORK	12b. KIN		
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PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) CONCURRED DIJEGRE			F DEATH (Ent	er anly and	cause per line			-		Liguria					AP	PROXIMATI	EINTER
DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) starting the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR POUR A.M. MONTH DAY YEAR P.M. 19 216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY		PARTIDE	ATH WAS CA	AUSED BY:		(-), (-		1 110 4	ARU	1/0	act	D	11061	0	BETW	ZEEN ONSE	TAND
Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF USE TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 1 210. EXTERNAL CAUSE WAS UNDERLYING 1 CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE 1 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY		411	IMMI	EDIATE CA					11.0	//			7 -07		_		
DUE TO, OR AS A CONSEQUENCE OF Street, Factory, Farm, etc.		Canditian	is, if any, v	vhich					1 (1		0						
Ilying cause last: (c)	-					AS A CO	NEEOUENIC	05	7 1 0	-							_
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o. 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OAR AM. MONTH DAY YEAR CONTRIBUTING OAR OR P.M. 19 216. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY				ide!		AS A CO	NSEGUENCE	: OF									
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES 216. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216. INJURY OCCURRED WHILE NOT WHILE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) 217. LOCATION STREET CITY OR TOWN COUNTY		PART 2 OTHER SH	GNIFICANT CONOI	ITIONS CONTR	1-1	BUT NOT REL	LATEO TO THE TE	RMINAL DISEAS	E OR CONDITIO	ON GIVEN IN PA	RT 1 in						
UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	Z																
UNDERLYING OR	TI	19a, DATE OF	OPERATION		19h CONDI	TION FOR	WHICH OP	RATION W	AS PERFOR	RMED?					70 A	UTOPSY	?
UNDERLYING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY	FIC																NO
UNDERLYING OR CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.) 21d. INJURY OCCURRED 31reet, FACTORY, FARM, ETC.) 21f. LOCATION 51reet CITY OR TOWN COUNTY	ERTI	21a EXTERNA	L CAUSE WA	\S	121b. TIME OF	FINILIRY		21, H	OW INTIPA	COCCUPPE	D LENTER N	ATURE OF BU	IIIRY IN ITEM 19	PART I OPP		E2 []	NC
AT WORK AT WORK	LCE	UNDERLYING	OR		HOUR A.M		H DAY YE		JAF HAJORI	OCCURRE	.D (EINIER IN	ATTIKE OF IN	JUNE DE DE ME TO	TAKE LOKE	mn i dj		
AT WORK AT WORK	CA		-	OF DEAT				01/ 15	CATION								
AT WORK AT WORK	WED			F [7]								CITY OR TO	WN	cc	YTAUC		\$
22a I certify that I taak charge of the remains described above, held an Autopsy , Inspection X, Inquiry , and in my apinion	-																
	MEDIC	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK		21e PLACE (STREET, FAC	OF INJUR TORY, FARM,	Y (AT HOME,		STREET	Inspectio	n X,						
death regulation Natural Control Accident , Suicide , Hamicide , Undetermined manner ,		6							TITLE (S	SPECIFY)							
		ACTUAL SIGNATURE	/	/	1	1	1		1		MEDI	CALEYAL	AINED	DATE		-9-84	4
ITLE (SPECIFY)		/							.J. 145171		MEDI	CMLEAMN	IN VER	JION			-
SIGNATURE DATE SIGNED 5-9-84		EXAMINER'S	NAME Lui	s E.	Renjel	,M.D	. 7		ADDRESS	464	Allia	nce S	St. Ha	vre I	DeGra	ace,	M
ITLE (SPECIFY) MEDICAL EXAMINER DATE SIGNED 5-9-84 EXAMINER'S NAME I JUIS F Repiel M D 464 Alliance St. Havre DeGrace.	22 5	CITIE OKTAN	*17													2	10
EXAMINER'S NAME Luis E. Renjel, M.D. ADDRESS 464 Alliance St. Havre DeGrace,	(5	SPECIFY)	IION, REMOV	AL 236. D							1						ATE
EXAMINER'S NAME Luis E. Renjel, M.D. ADDRESS AGE Alliance St. Havre DeGrace,			700	May	7 11, 1	981	Angel	H111	Cemet	ery							D
EXAMINER'S NAME Luis E. Renjel, M.D. EXAMINER'S NAME Luis E. Renjel, M.D. ADDRESS 464 Alliance St. Havre DeGrace,	-	NAME			ADDRESS					LA AV	REC'D. BY	KEGISTRA	R IZE REG	ISTRAR'S	SIGNATI	JKE	
EXAMINER'S NAME Luis E. Renjel, M.D. EXAMINER'S NAME Luis E. Renjel, M.D. ADDRESS	Ta	rring F	uneral	. Home	.P.A.	Aber	deen, M	D,210	01-33	PAIN	141	954	the son	Property.	-Most	A RESIDENCE	-
EXAMINER'S NAME Luis E. Renjel, M.D. EXAMINER'S NAME Luis E. Renjel, M.D. Address 464 Alliance St. Havre DeGrace,														-	7.00		



ond completely filled in by the funeral ogesthand 2 should be filed within 72 in

certificate has been somed by the ottending physician and contractions to permit their please remove corbanipopers. Page of

and Mental Hypiene price to buriol, cremotion, or removal.

min'y, or other troumotic event, the

APORTANT: If Nem 21 is marked or Nem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN, The lo retoined by the hospital or attending phy TO FUNERAL DIRECTOR: After this should be detached to-use as with the State Dept. of Health

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4	REG. NO.	3	3	5	
4	REG. NO.	3	Ü	2	

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 4 REG. NO	3 3	3	Ö
DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY		26. HOUR
	oretta		0	lear ham	M		984	5:00 M
3. SEX	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS		HOURS MIN.
Female	Whi	te	11	24 1896	87	YRS.		
. BIRTHPLACE STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY O		ATH	
New York	113	SA	WIDOWE	D NEVER MARRIED	Harfor	d Count	-37	445
10. CITY OR TOWN OF DEAT				OR OTHER INSTITUTION	12a USUAL OCCUPATI			BUSINESS OR
11 1		CH FACILITY, GIVE STREET		1/ 21078	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INC	DUSTRY	
Marke de GRA	- Itartor	2 Memo	ofia!	Hospital	Housewif	e		
WSUAL RESIDENCE (IF NURSIN	ID. COUNTY	13c. CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
Maryland		Baltimo		YES NO	1005 W. 38	th Street	21	211
A FATHER'S NAME				15. MOTHER'S MAIDEN NA	ME			
FIRST	MIDDLE	Jefferi	20	FIRST	(unknown)		LAST	
ALLO DECEACED EVER II	LILE ABUSE CORCECT			17. INFORMANT		0.0		21020
[YES, NO OR UNKNOWN]	(IF YES, GIVE WAR OR DATES)	166 SOCIAL SECU			1001	^s Chesapea	ake D	rive
No		220-05-	/521	Mrs. Geraldi	ne Johnson	Havre de	Grac	e, Md.
PART 2 OTHER SIGN				NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, WERE	E FINDING	
AH .			-		YES NO	IN CERTIFYING (JAUSES O	NO [
	USE OF DEATH HOUR A		AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART 1 OR	PART 2)	
OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	D 21e. PLACE	OF INJURY REET, FACTORY, OFFICE, E	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn co	YTHUG	STATE
22a) certify that (I) (this hospital) attended th	ne deceosed from_	5 -	16 19 84	, to 5-16	, 19 3	C , th	nat (l) (we) lost
	d) (did not) view the body	. /	84 , or	nd that in (my) (our) opinion	death occurred on the do	te and hour and to		
27b. SIGNATUR	1) (did not) view the body	ofter death.	/	PHYSICIAN C	MEDICAL STAP	F	DATES	IGNED C
22d. PHYSICIAN STA	L integration L	ee.		Mion Mo	dical (Livic	Hoo	re de Gri
238. BURIAL, CREMATION, R	EMOVAL 736 DATE	23c. I	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
(SPECIFY) Burial	5/21/6	RA DO	nlar	Grove Cem.	CITY OR TOWN	Baltin	ore !	Maryland
purtar	13/61/	PO	Prar ,	TOVE CEM!		DOLUTE	-	1 - 411

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

ADDRESS Alan Seitz 3818 Roland Ave. 21211 Jr.

MAY 2 2 1984 A Day 25 Signor 12 1984

Item 4

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STATE OF MARYLAND

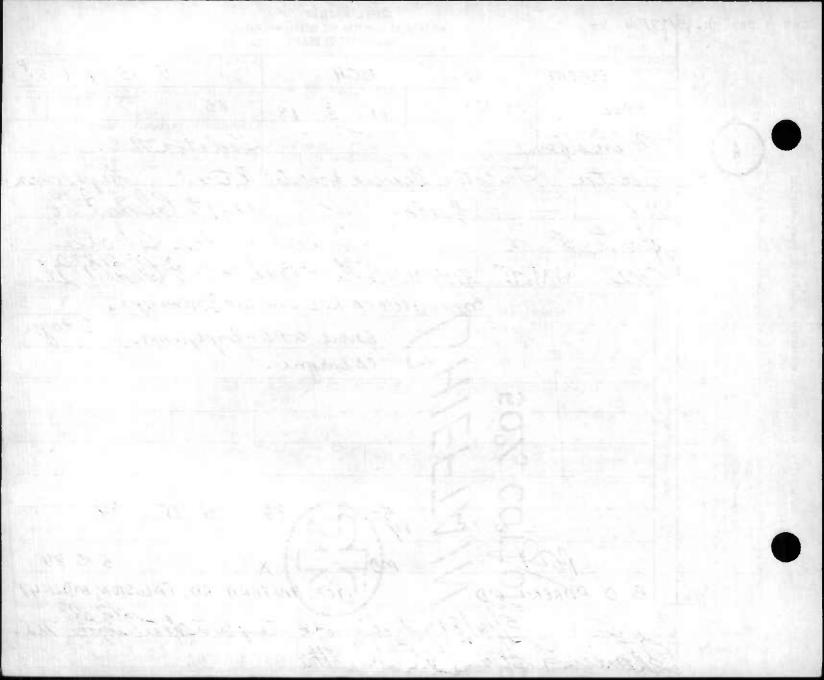
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

RE	G. NO.	5 0	3 3	7
DATE OF DEA	TH MONTH	15	84	6.25
GE INVESTALL	ast agricultury	67.0	CHES LITTLE	# LINDER SANK

(TYPE C	CEASED NAME FIRST	11.DD15			
2 550	ELBERT	W.	BISH	Ja. DATE OF DEATH	5 15 84 6.25
3. SEX	4. 5	RACE vhiteC.	S. DATE OF BIRTH	6. AGE 110 YEARS LAST 80	
2%	ENSTEDIORGE 76.	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED !	1 BALTIMORE CITY O	R COUNTY OF DEATH HAST.
In Eli	heleta 1	NAME OF HOSPITAL, NURSING THOSE IN SUCH FACILITY, GIVE STREET ALE	neial Hospita	120. USUAL OCCUPATION WORK FOR MOST OF	ON 178 KIND OF BUSINESS INDUSTRY
USUA Z	I RESIDENCE I MULIMO HOME OR OTH TATE UV COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE A	YES NO	14316.	Clenent St.
THE PARTY	Taller Bis	LAST LAST	15 MOTHER'S MAIDEN	Della	Stalle
1	AS DECEASED EVERAN U.S. ARME		916 Ment Be	il 1421 &	Clement It
9	8. CAUSE OF DEATH lEnter only of PART I. DEATH WAS CAUSED B	ane cause per line far (a), (b), and by: ALISE (a) SQUOMMUN	COLO CA RUL Lus	ng wik Ople	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	1621	DUE TO, OR AS A CONSEQUEN	Source Cot	D = Emphise	3 days
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	ICE OF CA Larynx	·	<i>m</i> q. <i>0</i>
		(c)			
	PART 2 OTHER SIGNIFICANT COM	nditions <u>contributing to de</u>	ATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DE		200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
CERTIFICATION			PERATION WAS PERFORMED 21c. HOW INJURY OCC	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\exists \)
ICAL CERTIFICATION	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	196. CONDITION FOR WHICH C 216. TIME OF INJURY HOUR A.M. MONTH DAY	PERATION WAS PERFORMED YEAR 19 211. LOCATION	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO RY IN ITEM 18 PART 1 OR PART 2)
MEDICAL CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOT WHILE	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	PERATION WAS PERFORMED YEAR 19 216. HOW INJURY OCC YEAR 19 216. LOCATION STREET 5 7 / 2 , 19	200 AUTOPSY? YES NO URRED (ENTER NATURE OF INJUIT CITY OR TO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO PARTITION NO PART 2) WAN COUNTY STATE To the and hour and from the causes stated.
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE OF WORK OF WORK 22a. I certify that (I) (this haspital) saw the deceased alive an account of the contribution of the c	216. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	PERATION WAS PERFORMED YEAR 19 216. HOW INJURY OCC YEAR 19 216. LOCATION STREET 5 7 / 2 , 19	20a AUTOPSY? YES NO URRED (ENTER NATURE OF INJUI CITY OR TO On death accurred an the do	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE WAY COUNTY STATE 22c. DATE SIGNED FF. 22c. DATE SIGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.



orked

NOT WHILE

saw the deceased alive on

226. SIGNATURE

220.1 certify that (1) (this hospital) attended the deceased from

above, (1) (we) (did) (did nat) view the bady after death

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME Marshall Otis LITYPE OR PRINTS 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 3. SEX MONTH ale White April 21. 1922 62 YRS A. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH Sparta, N.C. USA CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION FIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) Maryland Harford Memorial Hospital SheetMetal Wkr. USUAL RESIDENCE (* NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. COUNTY 132. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 21001 13d. INSIDE CITY LIMITS? Harford Aberdeen 46 Aberdeen Ave. Aberdeen Md Maryland YES. NO. 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Charley Franklin Brinegar Ada ADDRESS Md. 21001 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 6h SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN 241-22-3512 Phyllis A. Turner, 25 Chesapeake Ct, Aberdeen no popers. 18. CAUSE OF DEATH (Enter only one cause per/line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (a), stating underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 19a. DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? bed NO Hygiel Hygiel 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 71a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M 19 LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 0

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STATE OF MARYLAND

2b. HOUR

126. KIND OF BUSINESS OR

Construction

APPROXIMATE INTERVAL

IF LINDER 24 HRS

SELINDER 1 VEAR

INDUSTRY

Blevins

YES [

COUNTY

The DATE SIGNED

STATE

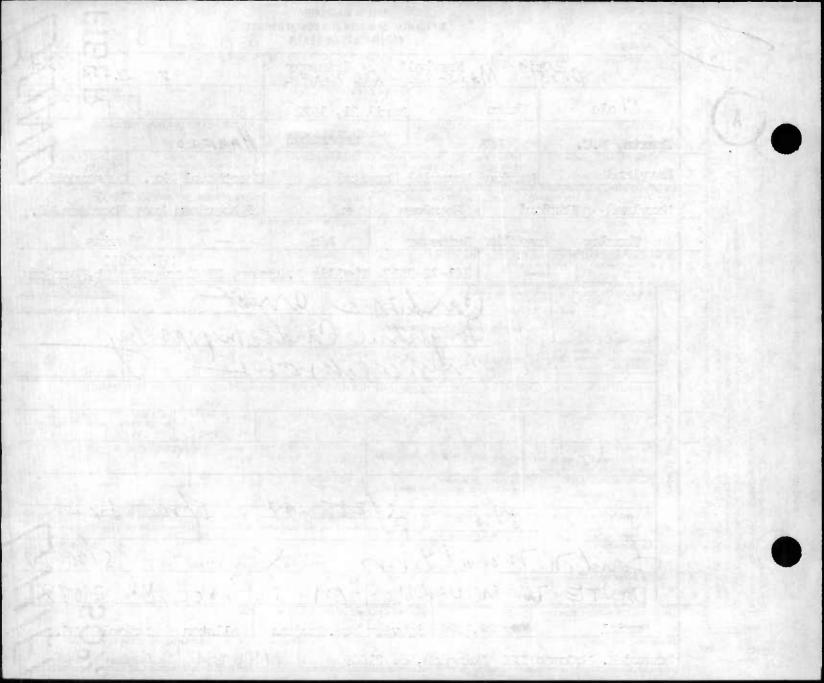
CITY OR TOWN

and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated

detoc ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTAN 22e, ADDRESS 0 23d LOCATION 23a, BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) STATE May 29,1984 Highview Mem. Gardens Burial BP. Fallston Harford 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 dia Davidson-Randall (VRA 15, 4) Howard K. McComas III Abingdon Md. 21009

STREET

DEGREE



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT-If them 21 is marked an Hem 18 statement injury, or other troumatic event, the medical examiner mass to remove the property of the pr

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR		DEPAI		EALTH AND A	MENTAL HYGI EATH	ENE 4	REG. NO.	3	8	6	
	CEASED NAME FIRST		MIDDLE (L	AST		2a DATE OF	DEATH MON	ITH DAY	YEAR	26 HC	OUR
(TYPE	ELIZAB	ETH	Ann	Bu	RKE			5	1)	. 84	18	'A M
3. SE	X	4. RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTHDA		UNDER 1 YEA		ER 24 HRS
	Female	Whit	e	Mar.		718	66		YRS.	- Dai	3 MOOKS	Mile.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER A	ARRIED .	9 BALTIMO	RE CITY OR C	OYTHUC	FDEATH		
Ва	yonne, N.J,	USA		WIDOWE		ORCED	Harb	ord Coi	inty			MD.
F	allston	Fallst	on Gene	ral Hos		ITUTION		CCUPATION FOR MOST OF WO US EWIF		126. KIND INDUSTR	OF BUSIN	NESS OR
130 S	AL RESIDENCE (IF NURSING HOME OF STATE TYPLAND 135, COUL HAT	rother institution ord	GIVE RESIDENCE BEI 13c. CITY OR TO BEL AL	OWN	13d INSIDE C YES 🗌	NO X	1007	oddress / zii Chante		ive	210	14
14. FA	THER'S NAME William	F.	Ginthn	er		MAIDEN NAM FIRST 1NAh	ΛE	WIDDLE		0'5/	ilen	
	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMA	NT		ADDRESS(Conn.	0643	30	
`	no	• CHARORDATES)	140-10	-9886	Brian	W. Burke	e, 330	Holly	Dale	Road	l, Fai	rfield
CATION	Conditions, if ony, which gove rise to immediate cause (a), stofting the underlying cause lost. PART 2 OTHER SIGNIFICANT. 19a DATE OF OPERATION	DUE TO, O	R AS A CONSECUTION FOR WHI	DUENCE OF DUENCE OF OME OF DEATH BUT WITH	NOT RELATED	omiting		oferm 10	es .	- A	S CV	
AL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	71111	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURRE	YES	NO 🔀	YES		NO	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE			211 LOCATIO	N		CITY OF TOWN		COUNTY		STATE
	270 I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 27b. SIGNATURE	5.	15	\$4, on	DEGREE	, 19 4 (our) opinion de		on the date of				
23a. F	22d PHYSICIAN'S NAME (TYPE OF THE CONTROL OF THE CO	OR PRINT) O O I'd/			22e ADDRES	HARFO	RD R	d. FAI	LLST			21047.
	Burial	May 14	.1984	Holy Na	me Ceme	etery	Jer	sey Ci	ty, H	udsor	ı Co.	N.J.

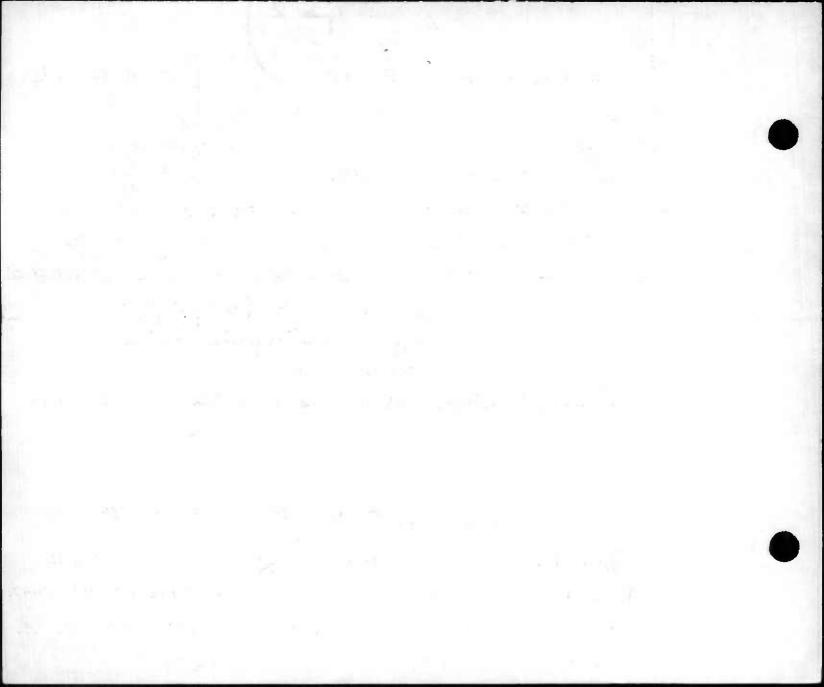
DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Howard K. McComas III, Abingdon, Md. 21009

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funer should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 and 2 should be filed within 7 with the State Dept. at Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked or Hem. 8 shows any injury, ar other traumatic event, the medical argument must be profited at a

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
- STATE	CERTIFICATE OF DEATH
REGISTRAR	CEKTIFICATE OF DEATH

PEPARTMENT	OF HE	ALTH A	AND	MENTAL	HYGIENE	
CE	RTIFIC	CATE	OF I	DEATH	3	4

6 3 3

ı	REGISTRAR		CERTIFICATE	JI DEATH	REG. NO.	
ı	1. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MONTH DA	1.00
ı	Charles		Busler			2 84 // 0/4
	3. SEX Male	Caucausian	S DATE OF BIRTH			FUNDER LYEAR IF UNDER 44 ONTHS DAYS HOURS MIN
ł	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NE	VER MARRIE XX	9 BALTIMORE CITY OR COUNTY C	OF DEATH
ı	Maryland	U.S.A.	WIDOWED	DIVORCED	Harford Co.	MD.
	Bel Air	Bel Air Co	NURSING HOME OR OTHER PESTREET ADDRESS) PNVALESCENT	Center	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) Campbell Quarr	126. KIND OF BUSINESS OR INDUSTRY Retired
0			Air 13d INS		13. STREET ADDRESS 410 MacPhail	Rd. 21014
	William	Henry Bus			celia Baker	LAST
	160. WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN)	A DESCRIPTION OF THE PROPERTY AND ADDRESS.	14-9584 Ca	therine	iece) 1011 Old Beyer Joppa,	Md. 21085
		eight card	IG TO DEATH BUT NOT PEL	ATEO TO THE TERMIN		WERE FINDINGS USED ING CAUSES OF DEATH?
	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION 21d INJURY OCCURRED WHILE AT WORK 220.1 certify that (1) (this had sow the deceased aline obove, (1) (we did) (did	DEATH DEATH P.M. 21e PLACE OF INJURY IAT HOME, STREET, FACTORY. soitol) grended the deceased	OFFICE, FARM, ETC.) 19 OFFICE, FARM, ETC.) 19 , and that in	CATION IRRET	CITY ORTOWN to	COUNTY STATE 9 , that (I) (Well last
	226. PHYSICIANS DAME IT	CTEY ZA	DEGREE 172e AD 1/2/	ATTENDING PHYSICIAN DRESS Ballimin	MEDICAL STAFF DIRECTOR PHYSICIAN D	1 /2/8x
	230. BURIAL, CREMATION, REMOV	23b. DATE 5/24/84	Goodwill	OR CREMATORY Cemetery	Fallston Har	crord Md.
	24 FUNERAL DIRECTOR E. B Fleming Fune	arnes ral Servicê	21018 Benson, M	d.	REC'D. BY REGISTRAR 256. REGISTR	

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DHMH - 16 50M 1/76 (VR A 15 (4))

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Titles Henry Turker America Decelia Laker

executed within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked at them 18 shaws any injury, at other traumatic event, the medical

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

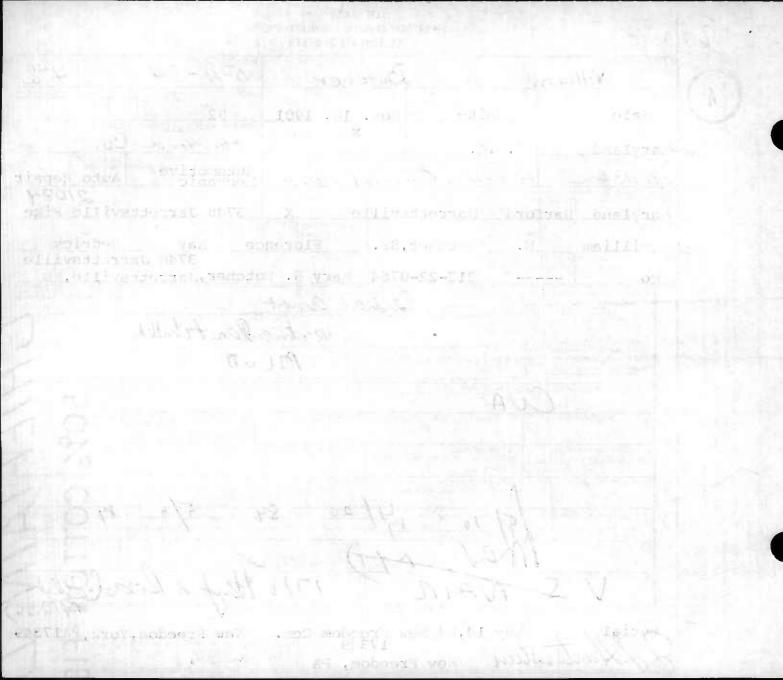
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REG. NO.				

1 -	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH A CERTIFICATE (- L	ENE REG. NO	3 3	6 3
	CEASED NAME FIRST William	MIDDLE	Butche	2		AONTH DAY	YEAR 26. HOUR 40
3. SE.	Male	4. RACE White	5. DATE OF BIRTH	YEAR 1901	6. AGE (IN YEARS LAST BIRTH	MONTHS VRS.	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED NE	VER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DE	1
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I LIF NOT IN SUCH FACILITY, GN Vallstal	WIDOWED UNDER OF OTHER (E STREET ADDRESS)	INSTITUTION HOSPO	120. USUAL OCCUPATION PSION Mechanic	WORKING LIFE) IND	KIND OF BUSINESS OR USTRY uto Repair
13o. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU ATHER'S NAME	NTY 13c. CITY C	ettsvilles		130. STREET ADDRESS 3748 Jar	rettsv	2/084 ille Pike
	William Was deceased ever in U.S. Al	H. Butc	her.Sr.	Florence Florence	ce May		edrick
{		IVE WAR OR DATES)			atcher, Jar	rettsv	
	18 CAUSE OF DEATH LEnter of PART I. DEATH WAS CAUS 4292 IMMEDIA Conditions, if any, which	DUE TO, OR AS A COM	Constiac		slar tib		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANY	DUE TO, OR AS A CON		ATED TO THE TERMI		ITION GIVEN IN F	PART Ita
CERTIFICATION	190 DATE OF OPERATION	WA	WHICH OPERATION WAS PI		200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USED LAUSES OF DEATH? NO
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	HOUR A.M. MON	TH DAY YEAR	W INJURY OCCURRI	ED (ENTER NATURE OF INJURY		
ME	WHILE NOT WHILE AT WORK AT WORK	HOME, STREET, FACTORY,	office, FARM, ETC)	9, 19 8 C	CITY OR TOW	1 19 8	that (I) (we) last
	274. SIGNATURE	Aewith body after death	DEOREE	ATTENDING	MEDICAL STAF	22	c. DATE SIGNED
220 5	V-7	WA C	1230 AD	1716	1 tenford	Kon	L-Dallih
250.	BURIAL, CREMATION, REMOVA (SPECIFY) UNERAL DIEC	May 14.84		om Cem.	New Free Rec'd, By Registraria 16 1984	SIR REGISTRAR'S	rk PA17349

New Freedom,

DHMH - 16 50M 4/82 (VRA 15, 4)

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director, page 3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other traumatic event, th

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

executed within 24 hours after death. Page 4 may be

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the retained by the hospital or attending physician.

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AF CERTIFICATE O	ND MENTAL HYGIENE OF DEATH	REG. NO.	3 8 6	4
	1. DECEASED NAME FIRST HELE!	G. C	ampbel	/ 2a D	May 2, 1		LO A M
١	Female	White	5. DATE OF BIRTH MONTH DA Oct. 8	AY YEAR	GE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.
1	Maryland	LU.S.A.	MARRIED NEV	VER MARRIED 9 BA	HALTOR	UNTY OF DEATH	MD.
		1 NAME OF HOSPITAL, NURSING IN SUCH FAGILITY, GIVE STREET		(TYPE	USUAL OCCUPATION E OF WORK FOR MOST OF WORK Lephone	KING LIFE) INDUSTRY	schild's
	USUAL RESIDENCE (IF NURSING HOME ORO 130. STATE 134. COUNT Maryland Cec:	13c. City OR TOW	WH 13d. INSID	DE CITY LIMITS? 130.5 NO [X 5]	STREET ADDRESS / ZIP		St•re
	7	E. Worth		HER'S MAIDEN NAME FIRST .Ura	MIDDLE E.	Swinne	
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE NO	NED FORCES? THE SOCIAL SECTION OF DATEST	6163	_{rmant} yn V. Galla	ADDRESS her Port	Deposit, 1	Md .
	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	JENCE OF	a of the eylopen	ua)		
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO		RFORMED 20	De AUTOPSY? 20b.	IF YES, WERE FINDIN CERTIFYING CAUSES YES []	IGS USED
	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	DAY YEAR 19 211 LOC	W INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART I OR PART 2)	
	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE,		TREET	CITY OR TOWN	COUNTY	STATE
	270.1 certify that (1) (this haspital the deceased alive an above, (1) (we) (did) (did not) 27b. SIGNATURE	5-3 19	84, and that in (occurred an the date and	22c. DATE	
-	22d PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADD		d/ A	160	10 1

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

Buria May RAL DIRECTOR OF SON

73h DATE

23e. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Parkwood Cemetery Perryville, Md.

234 LOCATION
Baltimore

Baltimore

Md.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE LAW AV & 1984 Grine Newscare Williams

70124 H HAVE OR GRACE INDICATION LINES POR MORE WHERE IN THE PROPERTY OF The last the way was the will See Controller of the See

executed within 24 hours ofter death. Page 4 may be

npletely filled in by the funeral directs and 2 should be their within 72 hours of

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 3	3	0	5
REG. N	10.			
OF DEATH	MONTH	DAY	YEAR	7h h

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	CAngelosi	20. DATE OF DEATH MONTH	20 84 2:50/AM
	3. SEX Female	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR OG 16	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COU	
7	Pallston	TI NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES Fallston Get		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIF Housewife	12b. KIND OF BUSINESS OR INDUSTRY House
7	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE 137 COUN New York Rock	TY 113c, CITY OR	g Valleyes \ \ no \frac{1}{2}	25 Valley 1	View Terrace
1	Michael Michael	Migli	no Louise	WIDDLE	Cirilo
S. A.	160 WAS DECEASED EVER IN U.S. AR {YES, NO OR UNKNOWN} (IF YES, GIV	F WAR OR DATEST	SECURITY NO. 17. INFORMANT 07-4078 Frank	A. Congelosi	Same as above
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSI	eneral genere	tatives ne Brances RMINAL DISEASE OR CONDITION	GIVEN IN PART 110
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		HICH OPERATION WAS PERFORMED	YES NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
	OR CONTRIBUTING CAUSE OF DEA (# ETHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	P.M. 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OF to collected the descend to it has been been descend to it has been been descend to it has been been descend to	PECE, FARM, 100 III LOCATION FICE, FARM, 100 I Ond that in '(my) (our) opinion DEGREE ATTENDING PHYSICIAN 220. AD ORBSS	be Ga	COUNTY STATE 19 , that (I) (we) lost hour and from the county stated THE DATE SIGNED
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		33. NAME OF CEMETERY OR CREMATOR Jarrettsville Ce	m. Jarrettsvi	lle Harford Me

DHMH - 16 50M 4/82 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending phys

> 24. FUNERAL DIRECTOR
> Gladden I Kurtz III Jarrettsville, Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

ina Davidson Randale

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and director, page 3 72 hours ofter death

the attending physician

signed Q

O FUNERAL DIRECTOR: After this certificate has been

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MPORTANT: If Item 21 is

should be detached with the State Dept.

rial-transit permit.

CERTIFICATION

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- STATE REGISTRAR				CERTIF	ICATE OF D	EATH	8 4	REG. NO.	0 0	Q	Q	
I. DECEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF I	DEATH MONTH	DAY	YEAR	2b. HOUR	V E
	Hubert	E	Carle	Car	penter			5	5	84		M
3. SEX		4. RACE		5. DATE C			6. AGE INYE	ARS LAST BIRTHDAY)	IF UNDI	DAYS	IF UNDER 2	-
Male		White	2	MONTH 1	17	1915	6	59 Y	RS.	DATS	HOURS	MIN.
O BIRTHPLACE (STAT	E OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER M	ARRIED 🗆	9. BALTIMOR	E CITY OR COL	INTY OF DE	EATH		
Virginia		U.S.A	١.	WIDOWE		ORCED	Harf	ord Co	unty	•		MD.
CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE					OR OTHER INST	TUTION	120 USUAL O	CCUPATION FOR MOST OF WORK			F BUSINES	SOR
Fallston		Falls		eral	Hospi	tal	Gener	cal For	eman	-Be	th.S	tee
USUAL RESIDENCE IF	NURSING HOME OF		GIVE RESIDENCE BEFORE		113d. INSIDE CI	TY LIMITS?	13e.STREET A	DDRESS / ZIP (CODE			
Maryland	Ba:	Ltimore	Dundal	k	YES 🗌	K ON	3209	McShar	ne Wa	У	2122	2
FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S		ME	MIDDLE		145		
George	E	arle	Carpente:	r	Ma	llie		Lee	1	Mund	ay	
160 WAS DECEASED E		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMA	٧T		ADDRESS				
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	EATH (Enter of TH WAS CAUSI	nly ane cause per ED BY: TE CAUSE (a)	LARDIC	Pi	ILMON	ARY	ARR	EST		APPROXI BETWEEN (MATE INTERV ONSET AND D	AL ÉATH
4140 Conditions, if			R AS A CONSEQUE			ARTEI	RY [DISEASE				

underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION

gove rise to immediate couse (a), stoting the

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

19h CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2)

DUE TO, OR AS A CONSEQUENCE OF

MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

P.M

21e. PLACE OF INJURY

DAY YEAR 19

211 LOCATION

HYPERTENSION

CITY OR TOWN

NO

COUNTY STATE

NO I

that (I) (we) last and that in (my) (our) opinion death occurred on the dafe and hour and from the causes stated

220.1 certify that (I) (this hospital) oftended the deceased from

above, (I) (we) (did) (did not) view the body after death.

22e ADDRESS

DEGREE

MEDICAL STAFF DIRECTOR PHYSICIAN

20g AUTOPSY?

COUNTY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

22d PHYSICIAN'S NAME

sow the deceased alive on

22b. SIGNATURE

2900 23c. NAME OF CEMETERY OR CREMATORY

22c. DATE SIGNED

230. BURIAL, CREMATION, REMOVAL Burial

236. DATE 5/9/1984

Oak Lawn

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue (VRA 15, 4)

Dundalk, 21222 MD.

23d. LOCATION CITY OR TOWN

Baltimore Mary

250. DATE REC'D. BY REGISTRAR 250. REGISTBAR'S SIGNATURE

MAY 8 134 June Duridon Andrese

DHMH - 16 50M 4/83

HOSPITAL

George Carrendo della Carrendo Sarrendo della 15 15 The Table many materials by

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_	ale	White	March 76. CITIZEN OF V	8, 57	27 YE	S.				DEAD		5		19 84	12:
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D, C	entuck ITY OR TOW	N OF DEATH	USA 11. NAME OF HO	OSPITAL, NUE	RSING HOME	. OR OTH		DIVOR			ord Co			D OF BL	SINESS
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		tions, if any, which		AS A CON	SEOULINGE										
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	ACTUAL	MA	12.7	h -				PECIFY)							
	SIGNATUR	E // VV	NA	0		M	D ASS	istan	T_MED	ICAL EXAM	INER	DATE	1ED 5-2	20-8	4
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.				

1.	- STATE REGISTRAR				CERTIF	ICATE OF	DEATH	8 4	REG. NO.	5		0 0	
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	ITY OR TOWN OF DEA			HOSPITAL, NURS				12a USUAL OC	CUPATIO	N	12b K#	ND OF BUSIN	
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	YES, NO OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	216-10-	-0971A	Mrs.	Anna M.	Clark	Bel	air "	Md.	21014	
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1	Conditions, if any		(b)								-		
	couse (a), status underlying cause		DUE TO, OF	r as a conseq	UENCE OF								
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z	PART 2 OTHER SIGI	VIFICANT CO	NDITIONS CO	ONIRIBUTING TO	DEATH BUT	NOT RELATI	ED TO THE TERMI	INAL DISEASE C	OR CONDI	TION GIVI	EN IN PAI	XT 1/a	
CERTIFICATION	DAYE OF OPERA	7001	THE COND	ITION FOR WHIC	CHOSEDATIO	ALIVAS DEDI	004150	20e AUTOPS		TAL IF VEC	W/EDE EI	INDINGS USE	
S.	190 DATE OF OPERA	HON	190. CONDI	ITION FOR WHIC	H OPERATIO	N WAS PERI	OKMED			IN CERTIF	YING CAL	USES OF DEA	TH?
E					_	Tai iiaiii			10		s []	NO	
	21a. ACCIDENT WAS UN		216. TIME O HOUR A.		DAY YEAR	ZIŁ HOW	INJURY OCCURR	ED (ENTERNATUR	RE OF INJURY	IN ITEM 18 PA	ARI I OR PAR	IT 2)	
CA	(IF EITHER, NOTIFY MEDI		P./	м.	19								
MEDICAL	21d. INJURY OCCUR		21e. PLACE (OF INJURY	E FARM ETC)	211 LOCA			TITY OR TOW	7	COUNT	ſΥ	STATE
~	AT WORK NOT WE	RK							10			,	
	22a.1 certify that (1)	Whis hospital		e deceosed from	510	3	19.04	, to	125		19 89	, that (I)	(we) lost
	saw the deceas above, (1) (web)	ed alive an	91	ofter death	84 .01	nd that in (m	y) (eu r) opinion d	leath occurred	on the date	e and hour	and Iron	n the couses s	toted
	226. SICHATURE	4 1	VICE IIIC BOOY	1 1		DEGREE					77x. 0	ATE SIGNED)
	Hada	WW NE	owale	owske	N	10	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF		V7	29/89	4
	22d. PHYSICIAN'S N.	AME (TYPE OR P	9(NT)			22e ADDR		DIRECTOR			1	-,,	
	ANDRE	WN	OWAK	owski	MD	12	5 N.	mon	V S	- 6	352	ATR	MD
23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	001 1-			R CREMATORY	23d LOCATE	ON TOWN		COMMIA		STATE
	Burial		6-2-1	YOU MG	nkton	U. Met	ch. Ch.	Cem. Moi	nktco	H	arior	d Md.	

DHMH - 16 50M 4/83

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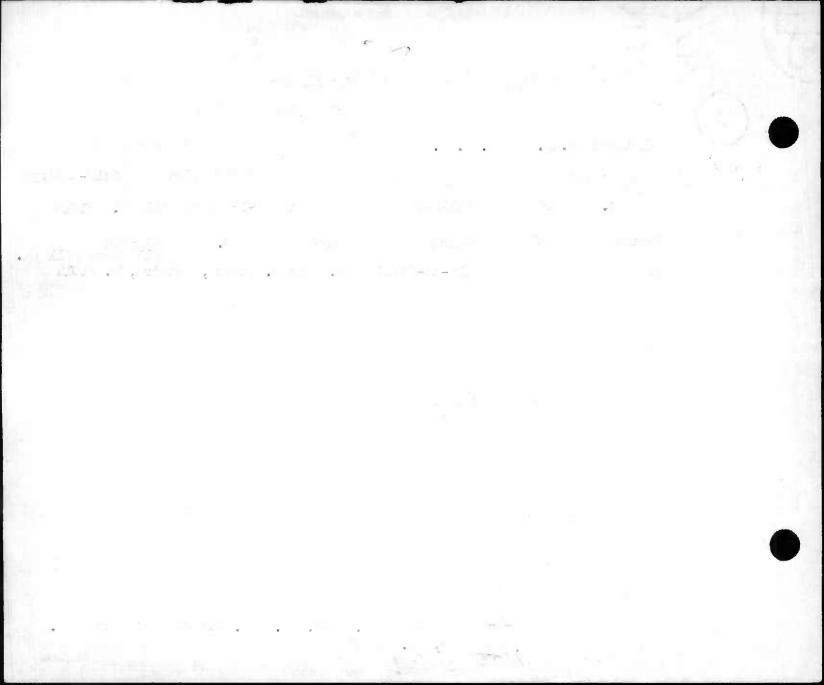
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the should be detached for use as the busiol-tronsit permit. Then please remove continuables: Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to busiol, crematian, or removal.

IMPORTANT: If Hem 21 is marked or Hem. I 8 shows any injury, or other traumatic event, the medical experience must be abother.

(VRA 15, 4)

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

rulia Davidson-Randalles



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

etained by the hospital or attending physicia

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be file with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows-apy

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DEDAE	TRACALT A	05 115			MID	

INTAL HYCIENE

4	250 110	3	8	6	
	REG. NO.				

1-	STATE REGISTRAR			DEFARIN		CATE OF DEATH	8 4	REG. NO	1 3	8 6) 1	
	EASED NAME OR PRINT)	FIRST	Wa	dE	Č	live	2a DATE O	42	1/25	AY YEAR	26. HOUR	Z,
3. SEX	Male		Whit	E	5. DATE O	DAY YEAR	74	YEARS LAST BIRT	YRS.	IF UNDER 1 YEAR	HOURS MI	
C	RTHPLACE (STATE OR F OUNTRY) rginia	OREIGN	76. CITIZEN OF V	WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMO	ORE CITYO	COUNTY	OF DEATH		MD.
	Vre de 91	ACE		HOSPITAL, NURSIA		Haspital	(TYPE OF WOR	OCCUPATH RK FOR MOST O	F WORKING LIF		F BUSINESS (-
13a. S Ma	RESIDENCE (IF NURS TATE Aryland THER'S NAME FIRST James	Hari	ITY	GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Aberdee LAST Cline	V	13d INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA FIRST Clementi	13e STREET 1724	ADDRESS / Perr	zip code yman		2100	11
	AS DECEASED EVER ES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI 217-07-	1395.59	Mrs, Gloria	Cuya a Ann	ahoga Hugh	Fal.	932 DW	nio 44 right	St.
CERTIFICATION	Conditions, if ony, gove rise to improve (o), stotin underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERA	nediate g the last.	DUE TO, OF		NCE OF DEATH BUT	NOT RELATED TO THE TERM	20a AUT	OPSY?	20b. IF YES	, WERE FINDI	NGS USED OF DEATH?	
MEDICAL CERTI	21a. ACCIDENT WAS UNC OR CONTRIBUTING OF (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHAT AT WORK AT WORK Sow the deceose obove, (I) (we) (c 22b. SIGNATURE 22d. PHYSICIAN'S NA 22d. PHYSICIAN'S NA	CAUSE OF DEA CALEXAMINER RED HILE (this hospi ed olive on did) (did no	21e PLACE ((AT HOME, STR to) attended the	M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, FA deceased from 19	19 ARM, ETC }	211. LOCATION STREET , 19 d that in (my) (our) opinion DEGREE ATTENDING 22e ADDRESS	death eccurre	CITY OR TO	wn ote and hou	COUNTY	STATE that (I) (we) I couses stated	lost
24 FU	URIAL, CREMATION, SPECIFY) BUTIAL NERAL DIRECTOR NAME DWARD K.				elAi:	25a. DA	Garde	ens, B		COUNTY Har RAR'S SIGNAT	ford TURE	

DHMH - 16 50M 4/83 (VRA 15, 4)

poge 3

P .		1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE REG. NO.	3 8 7 0
			EASED NAME FIRST OR RRINT), JEPNE	MIDDLE LAMB	COLEMAN	20. DATE OF DEATH MONTH	26 84 // 55 M
	120	3. SEX	MALE	4. RACE white	5. DATE OF BIRTH MONTH DAY YEAR OB 14 14	6 AGE (IN YEARS LAST BIRTHDAY) YRS	
death. To		M	RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	76. CITIZEN OF WHAT COUNTRY?	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 BALTIMORE CITY OR COUN	MD
on s ofter by the	e notified	FI	IVOR TOWN OF DEATH	FILLS TON (FENERAL HOS	12a. USUAL OCCUPATION (1YPP OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
	25	13a. S	TATE 136 COUR	- 0.1	13d. INSIDE CITY LIMITS? YES NO 2	138. STREET ADDRESS	LARLING-TOI
MARY red wirl omplete	ol est		J AMES (AS DECEASED EVER IN U.S. AR	A. LAM.	B ANNIE	MIDDLE MIDDLE ADDRESS	Liber
be ex	he medicol		ES, NO OR UNKNOWN) (IF YES, GI	ve war or DATES) 198 30	4727 600. N. CXEM	N, TB, 1411 S. YALG	DR. O'FALLEN, ILL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., of the death certific ty the ottending ph se remove cobonp	other troumotic event, th		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	- PULMONARY ENCE OF ITEART	ARREST FAIWRE	
Se	njuny, or	NOI	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART Tro
AL RECOR	S	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physician. Wher this certificate has been signs the burdstrands permit. Then hand Mental Hydiene prior to b	ed or Hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF ETIMER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE ONT WHILE AT WORK	ATH HOUR A.M. MONTH D.	AY YEAR 19 211 LOCATION	CITY OR TOWN	8 PART I OR RART 2) COUNTY STATE
TTENDI pitol or TOR: A for use of Heol	21 is		sow the deceased alive or	ortended the deceased from 19.	ond that in (my) to apinion	deoth accurred an the date and h	, 19, that (i) (we) lost our and from the causes stated 22c DAJE SIGNED.
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECTOR FOR Should be detached with the State Dept.	Z /		224. PHYSICIAN'S NAME (TYRE)	OFFRINT)		MEDICAL STAFF DIRECTOR PHYSICIAN	5/26/84
of of short	MP.	23a B	LIDIAL CREMATION REMOVAL	1235 DATE 123, 1	NAME OF CEMETERY OF CREMATORY	1234 LOCATION	

224. PHYSICIAN'S NAME (TYRE OF FRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Darlington, Maryland, (Harford) Darlington Cemetery Burial 24. FUNERAL DIRECTOR Tarring Funeral Home, P.A., Aberdeen, Maryland, 2MAY-33

DHMH - 16 50M 4/82 (VRA 15, 4)

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patrick a Talegor Suct of the HARRY NO. 18 A. P. C. at the second of the company of the second o artis amend for , ..., deres, earlier, delt fine for a train 4 may be

within 24 hours ofter death. Page

STATE OF MARYLAND

4	1	3	3	7	
	REG NO				

- STATE REGISTRAR		DEPART	CERTIFICATE OF DEATH	GIENE B 4 REG. NO	3 8 /	
I. DECEASED NAME	Dorothy	MIDDLE K.	Collupatici	20. DATE OF DEATH	4 27 1984	3:20 M
Female	4.RACE Whit	е	July 31 1922	6. AGE (IN YEARS LAST BIRT)	DAY) IF UNDER 1 YEAR MONTH'S DAYS YRS.	IF UNDER 24 HRS HOURS MIN.
PRTHPLACE (STATE OR FO	USA	WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF	1	MD.
HOVRE L. Gran	(IF NOT IN SU	HOSPITAL, NURSING HEACHLITY, GIVE STREET	. 1 11	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWITE	working life) 12b. KIND (HOME	maker
JSUAL RESIDENCE (IF NURSIN 130. STATE Md	ng home or other institution is to the country Harford	GIVE RESIDENCE BEFOR 13c CITY OR TOW Street	VN 136. INSIDE CITY LIMITS?	3746 Peach	Orchard Rd	., 21154
George	WIDDLE	Kloos	15. MOTHER'S MAIDEN N FIRST Leora	MIDDLE	Dalt	
160. WAS DECEASED EVER I	N U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	181-12-			46 PeachOrd Street, Md,	hard Rd 21154
	ediote the DUE TO, (c)		JENCE OF DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	
RTIFIC				YES NO	IN CERTIFYING CAUSE	
VALUE ALLE NOT WHAT WAS UNDITED TO THE PROPERTY OF THE PROPERT	AUSE OF DEATH AL EXAMINER) HOUR A 21e. PLACE (AT HOME S	OF INJURY A.M. MONTH D A.M. OF INJURY TREET, FACTORY, OFFICE,	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY		STATE
220.1 certify that (I) (this hospital) attended to d alive on 5 - d) (did not) view the bod	26 19_	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFI	te and hour and from the	thor (I) (we) lost couses stoted
236 BURIAL, CREMATION, F (SPECIFY) Burial			NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	210/P
Burlai	May	30,1904	Slateville	Delta	York	Penna

DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campleting filled in by the should be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the med

John Harkins 600 Main St. Delta Pa.

REGISTRAR 25h REGISTRAR'S SIGNATURE

1984 Julia Davidson Andrea

(VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicia executed within 24 haurs ofter death. Page

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and cishould be detached for use as the burial-transif permit. Then please remove corbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other troumotic event, th

IMPORTANT: If Hem 21 is morked or Hem 18 shaws ony

STATE OF MARYLAND

1-	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HYGI FICATE OF DEATH	8 4 REG. N	13	3 /	2
I DEC	CEASED NAME FIRST	MIDDLE		LAST		MONTH DAY	YEAR	2b. HOUR
TYPE	OR PRINT) FA-NNI		Dick	KETSOM		5-12-	84	910 M
3. SE	×	I. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS
	FEMALE	MhitE		. 10 DAY 1908	75	YRS.		HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1	DETAWATE	U.S.A.	WIDOWI	ED DIVORCED	Harrord	Con		MD.
_		1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)		120. USUAL OCCUPATION OF OF WORK FOR MOST C	F WORKING LIFE)	NDUSTRY	F BUSINESS OR
	Allston (S1047)	FAILSTON GE		pital	SUPERVISOR		EHIM	Supply
13a. S	AL RESIDENCE (IF NURSING HOME OR C STATE 13b COUNT COUNTY AND HAVE	TY 13t. CITY C	PROWN	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	130. STREET ADDRESS	DET TRAIL	210	114
14. FA	THER'S NAME	IDDLE L	AST	15. MOTHER'S MAIDEN NAM	MIODLE		1.45	
	John W.		mpson	Alice	CATHETINE		KE	114
	VAS DECEASED EVER IN U.S. ARM	NED FORCES? 166. SOCIA	AL SECURITY NO.	17 INFORMAN DAUGHTEN	-)838-3189 ADDRI	SS	I. D	. 1
, (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	ורידיו-פי	mrs. Phyllis D. K	1810	Air, Man	penaly	21014
MEDICAL CERTIFICATION	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE EXAMINER INJURY OCCURRED	DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) DUDITIONS CONTRIBUTION (c) 196 CONDITION FOR 216. TIME OF INJURY HOUR A.M. MON P.M. 216. PLACE OF INJURY	NSEQUENCE OF NSEQUENCE OF NG TO DEATH BUT WHICH OPERATIO TH DAY YEAR 19	E/ CROHN'S	200. AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES THE TENT OF THE TENT	N PART 110	NGS USED
×	AT WORK NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,		STREET	CIII OKTO			VIA.2
	22a. I certify that (I) (this hospite sow the deceased live an obove, (I) (we) (did i did not 22b. SIGNATURE	and the same of th	. 19, o	nd that in (my) (our) opinion d DEGREE ATTENDING	MEDICAL STA	ote and hour and		
	101	10000			DIRECTOR PHYSIC	IAN	71	701
	22d, PHYSICIAN'S NAME INFECT	cliff		1716 HARFO	nd nd f	ALLSTON,	my	2/047
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	SPECIFY)	may 15, 1984	Odd Fello	ows cemetery	milton, Su	SSEX C. S	Elbrod MIA	STATE

DHMH - 16 50M 4/82

BP.

21 EUNERAL DIRECTOR WIRM TOSTE (VRA 15, 4)

52 W. Broadcaya williams sto BEI Air, Maryland 21014

Milton, Sussex Co. DELAWATE

		Sinkerson			
	2	ROPY OF USE			
	Andrew !				
physical private	and or me	lating of	errical model/h	- Corn	e) nationis
	stall years		vid sell (al)	in-"wall	Language.
		BISTAN PI	2,000		
VISIE AND INT	Charles				200
			W-		
	20%				
	1200 S. DOS				
	12 P. 10 P.				

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	FOR	
11	FOR STATE REGISTRAR	
100	REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	SIENE	64	REG. N	10.	3	3	1	3
	2a. DAT	E OF	DEATH	HINOM	DAY	YEAR	2	b. HOUR
	1 /	4	-	1 11	20.	1		10

1.	REGISTRAR	CERT	IFICATE OF DEATH	8 4 REG. N	0. 3 0	
	CEASED NAME RICHARD	MIDDLE DIGIO	Vonni	May 8	MONTH DAY YEAR	12 AM
1 SE	Male	White ALL	e of birth out year oust 5, 1925	6 ÅGE (IN YGARSLAST BIR	(HDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7	New York	WIDO WIDO	RIED NEVER MARRIED WED DIVORCED	HACTOR CITY OF	OR COUNTY OF DEATH	MD.
LA	VI e de Grace	NAME OF HOSPITAL, NURSING HOM (NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	Hospital	(type OF WORK FOR MOST C Restauran	OF WORKING LIFE) INDUSTRY	aurant
DSU/ Da S	AL RESIDENCE IN MURLING HOLD OF OTH THE COUNTY Cruland (eci	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13. CITY OR TOWN Portugues it	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 914 (raigt	own Rd. Port	Deposit.
751	Trank	Digiovanni, Sr.	15 MOTHER'S MAIDEN NAM	MIDDLE		lone
	VAS DECEASED EVER IN U.S. ARME		Dorothy C. L	Digiovanni,	914 (raigtou	it, Md. in Road
7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying course last. PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF		IN AL DISEASE OR CON	IDITION GIVEN IN PART 1	0.
CERTIFICATION	1% DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	
	71s. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEA P.M. 1	21c. HOW INJURY OCCURE 9	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)	
MEDICAL	NHEEL HOLLINGE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
	270.1 certify that (I) (this hospital saw the deceased above on above, (I) (we) (alid) (did not) v 27h. SIGNATURE 27d. PHYSICIANS NAME (THE OF PHYSIC	with body offer death. 19.84	, and that in (my) (aur) apinion of DEGREE ATTENDING PHYSICIAN 1226 ADDRESS	deoth occurred on the d	ote and hour and from the	that (I) (we) lost couses stated
	- VIII	00	11 000 6320	Mad (1	Mark Horas	my the form

TO FUNERAL DIRECTOR After the certificate has been upned by the attending physician and should be detained for use as the burnol mount permit. Then please remove corbon papers. Page with the State Dept of Health and Mental Hygiette prior to buriol, cremation, as removal. MPORTANT, If hem 21 is marked or

23s BURIAL CREMATION, REMOVAL (SPICE)

Havredegrace

Harford Marijland

DHMH - 16 50M 4/83 (VRA 15, 4)

236 NAME OF CEMETERY OR CREMATORY Mt. Erin Cemetery itterson & Son. revryville,

23b. DATE

BY REGISTRARIZE DEGISTRARY SIGN WHILLARD

May 1 1984 18 Kilype Discovary della 10000 Have of Longe Harfard Man Heapertal & outer attended to the server Section Street, on the particular of the section of eita e en einemoi i 111-14-2516 whenever it is set still the still 1012, 1 H LE PARE LOTE ELE E LEVACIE ANCE IN MINNE ELEVACIEN

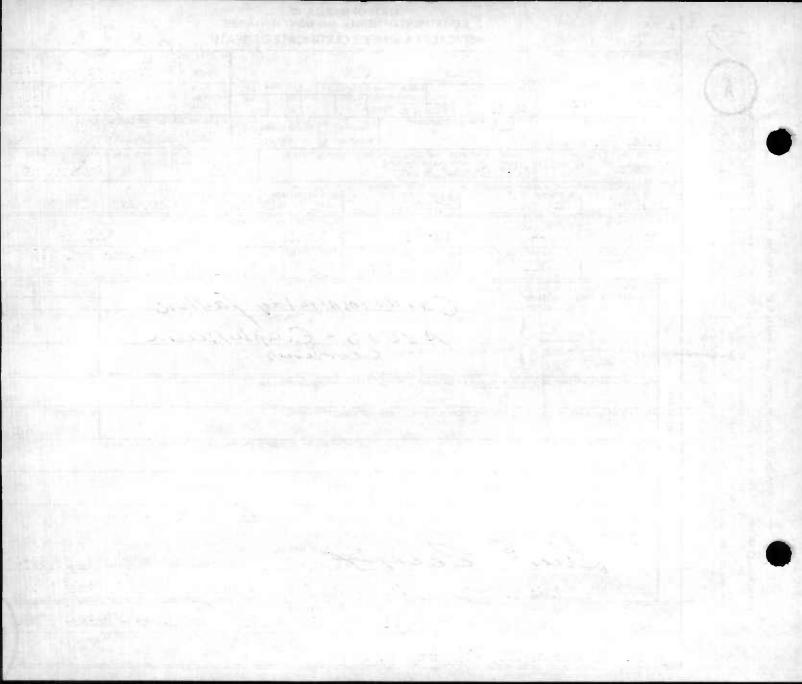
	TATE OF MARYLAND	
	OF HEALTH AND MENTA INER'S CERTIFICATE	
MIDDLE	LAST	Ze. DATE

l.	REG.	NO	3	3 1	64	
	KNOWN		MONTH	DAY	YEAR	2b. HOU
OF EATH	MATED	K I	May	15	1984	8:30
D 4 25			MONTH	DAY	YEAR	24 HOLL

	CEASED NAM	E FIRST		WIDDLE	LAST		20. DATE KI		TH DAY YE	AR 2b.
1146	PE OR PRINT)	CHAR	LES 1	FRANCIS	DORMAN		OF DEATH A	MATED & Ma	y 15 1984	1 8
1	lale	4. RACE Black	5. DATE OF BIR MONTH DA	AY YEAR LAST BIRTHE	ARS IF UNDER 1 YR. AY) MONTHS DAYS RS.	IF UNDER 2	MIN PRONOUNCE DEAD	Ма	y 15 1984	
P	IRTHPLACE (S PREIGN COUNTRY) Pila, P	a.	USA		MARRIED NE	DIVORCE	B Harf	ord Coun	ty	
Ec	ity or town Igewood		1862 G	tospital, nursing hom heachity, give street address) rempler way		JTION	FOR MOST OF WORKII	ATION (TYPE OF WOING LIFE)	Restau	JSTRY
13a. S	al residence state cryland	113b. COUNT	r other institution TY Ord	136. CITY OR TOWN Edgewood		NO 🗌	13. STREET ADDRESS	s mpler Wa	y 210	40
14. F/	Frost	_	MIDDLE	Dorman	Jen		NAME Marie	e	Trimble	
(Y	WAS DECEASE YES, NO, OR UNKNO 10	D EVER IN U.S. ARM	MED FORCES? VAR OR DATES)	571-28-61			J.Dorman,	ADDREdgew 1862 Gr	rood, Md. empler b	210 Vay
	gave r	ins, if ony, which ise to immediate) stating the under-	(b)	OR AS A CONSEQUENCE	UD - E	Cuy	hy see	ua		
NO	gave ri couse (o lying car	ise to immediate) stating the <u>under-</u> use last.	(c)	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE ATH BUT NOT RELATED TO THE TERM				ua		
IFICATION	gave ri couse (o lying car PART 2 DTHER S	ise to immediate) stating the <u>under-</u> use last.	DATRIBUTING TO DE		AINAL DISEASE DR CONOITIO	N GIVEN IN PAR		ua	20 AUTOF	
CAL CERTIFICATION	gave ricouse (o lying coil PART 2 DTHER S 190. DATE OF	ise to immediate) stating the <u>under</u> use last. IGNIFICANT CONDITIONS C	DNTRIBUTING TO DEA	ATH BUT NOT RELATED TO THE TER	AINAL DISEASE DR (DNOITIO RATION WAS PERFOR	IN GIVEN IN PAR			YES [
MEDICAL CERTIFICATION	gave ricovse (o lying car) PART 2 DTHER S 190. DATE OI 210. EXTERN. UNDERLYING CONTRIBUTI 210. INJURY of	ise to immediate) stating the <u>under-use last.</u> IGNIFICANT CONDITIONS COPERATION AL CAUSE WAS GOR ING CAUSE OF D	19b. CON 19b. TIME HOUR / 21b. TIME HOUR / 21c. PLAC	ATH BUT NOT RELATED TO THE TER ADITION FOR WHICH OPE OF INJURY A.M. MONTH DAY YEA	AINAL DISEASE DR (DNOITIO RATION WAS PERFOR	IN GIVEN IN PAR	T] (a).	RY IN ITEM 18 PART 1 OI	YES [
	gove ricouse (o lying care) PART 2 DTHER S 190. DATE OI 210. EXTERN. UNDERLYING CONTRIBUTI 21d. INJURY O WHILE AT WORK	FOPERATION AL CAUSE WAS GOOD CAUSE OF DOCCURRED NOT WHILE AT WORK and from: A CAUSE WAS A	19b. CON 19b. CON 21b. TIME HOUR / STREET, I	ATH BUT NOT RELATED TO THE TERM ADITION FOR WHICH OPE OF INJURY A.M. MONTH DAY YEA P.M. 19 CE OF INJURY TATHOME, FACTORY, FARM, ETC.) described above, held an	AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY AUTOPSY TILE (S	Inspection cide	T 1 (a).) (ENTER NATURE OF INJUR CITY OR TOWN	X ond in my ner DA	YES (RPART 2) COUNTY y opinion TE May 1:	5,10

DHMH - 17 (VR A15 ME (5)) 20M 4/82

BP_



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

REG. N		3	3	1
TE OF DEATH	MONTH	DAY	YEAR PU	2

1 -	FOR STATE REGISTRAR			HEALTH AND MENTA FICATE OF DEATI		REG. NO.	3	3 /	5
	CEASED NAME FIRST	000	Day	glas	2a. DAT	TE OF DEATH MO	5 I	84	1:07an
3. SE	emale.	COLLCOSIO	5. DATE (AR 6. AGE	75		ONTHS DAYS	HOURS MIN.
	IRTHPLACE ISTATE OR FOREIGN COUNTRY) aryland	76. CITIZEN OF WHAT CO	MARRIE	ED NEVER MARRIE	D D BALT	Hartor		punty	MD
F	Tallston	Fallston	General ADDRESS	1 Hospit	L ITYPE OF	UAL OCCUPATION F WORK FOR MOST OF WI Housewi	ORKING LIFE		F BUSINESS OR
130.	4/	UNTY 13c. CITY	ence before admission) or town Llston	13d INSIDE CITY LIM YES NO [x 100	REET ADDRESS 09 Main	Str	eet	21047
(Edward	Coe	Virgi		Rutle	dge	To	lley
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	0-14-035	7. INFORMANT Robert	T. Doi	ADDRESS uglas	sam		above MATE INTERVAL DINSET AND DEATH
	Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A C	e tabali onsequence of rengal	Comes 7 Low box Low law THOU RELATED TO THE	Leve es	sease or condit	ION GIVE	2 un 3 tev	uhs vely
CERTIFICATION	190. DATE OF OPERATION	IF	OR WHICH OPERATIO	on was performed flie i ency		AUTOPSY? 20	Ob. IF YES,	WERE FINDIN	GS USED
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF INFEITHER, NOTIFY MEDICAL EXAMI 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MC P.M. 218. PLACE OF INJUI (AT HOME, STREET, FACTO	NTH DAY YEAR 19 RY RY, OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	N ITEM 18 PAI	COUNTY	STATE
	220. I certify that (I) (this has sow the deceased plive obove, (I) (we) (did)) did 22b. SIGNATURE 22d. PHYSICIAN'S NAME (174)	on MA A not view the body offer dec	- 4 2	DEGREE ATTENLE PHYSIC 22e ADDRESS	DING MEDIO				
23 a.	BURIAL, CREMATION, REMOV (SPECIFY) Burial	23b. DATE 5/4/1984		CEMETERY OR CREMA	10.0	LOCATION CITY OR TOWN CKEYSVI	lle	Balto	state Md.

BP.

the ottending physicion and completely filled in by the funeral d remove corbanpapers. Pages 1 and 2 should be filed within 72 hr

S S

medicol exo

injury, or other troumotic event, the

should be detoched for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. certificate has been

IMPORTANT: If them 21 is morked or them 18 shows ony

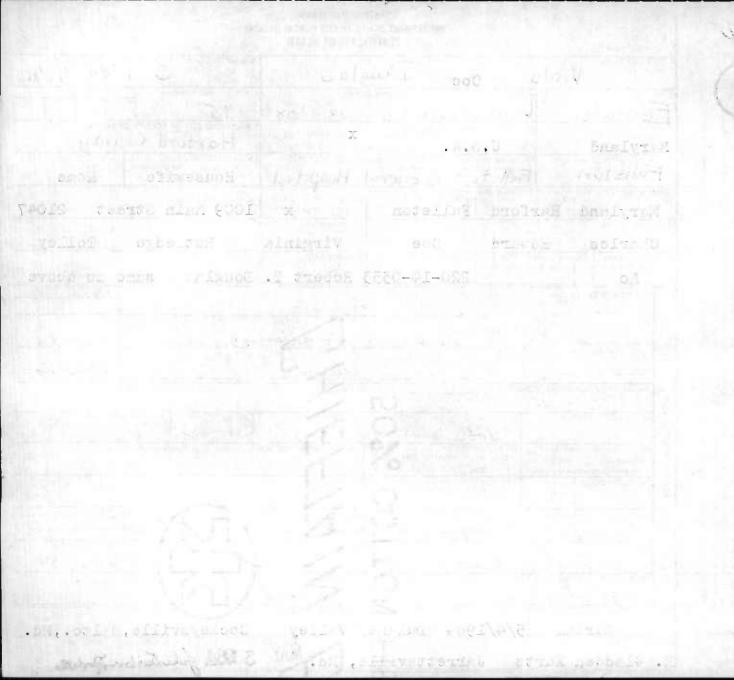
DHMH - 16 50M 4/B2 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physici TO FUNERAL DIRECTOR: After this

Gladden Kurtz

24 FUNERAL DIRECTOR

Jarrettsville, Md. 750. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



BP______

(VR AT5 ME (5)) 20M 4/82

	1-	FOR STATE REGISTRAR		MED	STA DEPARTMENT OF DICAL EXAMIN	HEALTH		ITAL HY	and the second	REG NO	3	8 7	0
		CEASED NAA E OR PRINT)	GEORGE	ANT	CHONY	DRO	OZDOSKI		OF			2b. HOUR	
	1. 5EX		4. RACE 5	DATE OF BIRTH	YEAR LAST BIRTH			UNDER 24	HRS. 2c. DAT		MONTH	DAY YEAR	20 11001
	Med	le	White	Oct. 29,3	Trion Dinting	RS.	HS DATS F	IOURS N	DEA		5	19 1984	4:27 a M
3	FOI	RTHPLACE (REIGN COUNTRY) ennsyl	STATE OR 7	LISA		MARR WIDOV	IED NEVE	R MARRIED DIVORCED	LXC	more city of ford Co	_	TY OF DEATH	MD.
6	0. CI	TY OR TOWN		T. NAME OF HOSE	PITAL, NURSING HOM DUITY, GIVE STREET ADDRESS) Memorial			ON II	20. USUAL OCC FOR MOST OF WO Stude	ORKING LIFE)	e OF WORK	126 KIND OF E OR INDUS	
5	13a. S		(IF IN NURSING HOME OR COUNTY Harfo	THER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Aberdeen	SION)	136. INSIDE CITY		e STREET ADDI	RESS	. Abe	erdeen,	21001
1		THER'S NAME FIRST	Anthony D	middle rozdoski	LAST		15 MOTHER' FIRS	SMAIDEN	NAME	Middle Witko		LAST	
1	(YE	VAS DECEASI ES, NO, OR UNKN	ED EVER IN U.S. ARME OWN) (IF YES, GIVE WA		216-74-90		Jerome		Aberde	en Mar		21001 s St.	
	NO	Condition gove to cause (a lying ca	IMMEDIATE IMMEDIATE Ons, if ony, which rise to immediate a) stating the under- ruse lost. SIGNIFICANT (ONOITIONS COI	CAUSE (a) Sta DUE TO, OR A (b) DUE TO, OR A	AD WOUNDS C AS A CONSEQUENCE AS A CONSEQUENCE UT NOT RELATED TO THE TER	OF OF		IVEN IN PART 1] [a]				
7	CERTIFICATION	190. DATE O	FOPERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	VAS PERFORMI	D?				20 AUTOPS BODY YES X	Only No D
3		UNDERLYIN	AL CAUSE WAS G OR ING CAUSE OF DE	ATH ? P.M.	5-19- 19 8	84 S	ubject		ed self		PART I OR PA		,,,,
	MEDICAL	WHILE AT WORK	OCCURRED NOT WHILE X AT WORK		OF INJURY (AT HOME, DRY, FARM, ETC.)	60	ocation street 9 Roger	s St.	Aberd			rford	Md.
2	/	27a I cer deoth resul ACTUAL SIGNATURE	tify that I took charge of ted from: Natural		Accident , S	BOQT Autor uicide X	Homicide TITLE (SPE	cify) stant	Inquir Undetermined r MEDICAL EXA	monner ,	DATE SIGNI	5-20-	
	(5		ATION, REMOVAL 236	DATE	23c. NAME OF CE		R CREMATOR	Y	23d. LOCATION CITY OR TOWN		cou	INTY	STATE
	24. FU	JNERAL DIRE		ADDRESS			250	DATE REC	C'D. BY REGISTE	RARA 256 REG	STRAR'S S	SIGNATURE	

Since does a state of Little to the second of the second se Triangular or many the Alexander gradual world PARTIES STREET, a prosety general as the register of the control of the c had been a like of the characters, . . .

1	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	3 377
	ECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1	Dorothy	Mae Edna	2010-0111	MAy 11, 19	184 8:16A
3. SE	Female	N. RACE White	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS M
70. B	HRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	March 25 1923	9. BALTIMORE CITY OR COUNT	Y OF DEATH
X	Ohio	U.S.A.	MARRIED NEVER MARRIED UNDOWED DIVORCED	1 foot al	
10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12h, KIND OF BUSINESS
	wre de Grace	Harford Mer	norial Hospital	Homemaker	
13a.	STATE 13b COUN Haryland Har		N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
114 F	ATHER'S NAME	Aberdee	YES NO 15. MOTHER'S MAIDEN NA		Ave ,21001
1/		MIDDLE LAST Knagle	FIRST	MIDDLE	Be sso
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	
	(YES, NO OR UNKNOWN) (IF YES, GIV	380-16-7	701 Ralph Druyor	,427 W. Bel Air	Ave. Aberdeen
	18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	ly one cause per lips for (a), (b) and D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	West MI	è arrhythum.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
No	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION G	VEN IN PART 1(a)
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \rightarrow NO \rightarrow
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
N.	220.1 certify that (1) (this hasping saw the deceased alive on above, (1) (we) (dich (did not 22b. SIGNATURE	tol) ottended the deceased from 19 8		death accurred on the date and ha	, 19 8 4 , that (I) (we) I'ur and from the causes stated
7	22d. PHYSICIAN'S NAME (TYPE O	R PRINT)	22. ADDRESS	DIRECTOR S PHISICIAN	13/4/1

230 NAME OF CEMETERY OR CREMATORY

Baker Cemetery

DHMH - 16 50M 4/82 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-339

1984

23b. DATE

234 LOCATION
CITY OR TOWN
Aberdeen, Harford, Maryland

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CV. F. D. H. Soulian et al.	
BANNES CELL TO SERVE OF TRAINING TO THE PROPERTY.	
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The control of the second of t	

completely filled in by the funerol dires of 1 and 2 should be filed within 72 hour

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and co should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

+	REG. N	10.	3	3	1	3
TE :	OF DEATH	HINOM	DAY	YEAR	2b. H	OUR

	CEACED MIAME								
	CEASED NAME FIRST	M	DDLE	LA	12	2a. DATE OF DEATH		DAY YEAR	2b. HOUR
,	Leona	I	X- 1	Eckmey	ger	May 31,	1984		10 F
3. SE)	Х	4. RACE		5. DATE OF		6. AGE (IN YEARS LAST E		IF UNDER I YEAR	IF UNDER 24
1	Female	White		June	11, 1903	80	YRS.	MONTHS! DAYS	HOURS
	RTHPLACE (STATE OF EOREIGN	76 CITIZEN OF W	HAT COUNTRY?	R	NEVER MARRIED	9 BALTIMORE CITY			
	ennsvlvania	U.S.A.		WIDOWE	DIVORCED [Harfor	a Coun	c y	
10 CI	ITY OR TOWN OF DEATH				ROTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINES:
100	allston		eachlity, give street a		spital	Homemake		Own I	
USUA 13a. S	AL RESIDENCE (IF NURSING HOM STATE 136 CO		IVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
		rford	Bel Air		YES NO K	724 High	Plain	Dr. 2	21014
14 FA	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WIDDIE		LA	
	Timothy		Ford		Mary			Kar	ne
	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT		RESS		
N	io		219-44-7	843	Pauline A. F	oos - Same	as #1		
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r only one couse per !	ine for (a), (b), and	yeur.	a. h			BETWEEN	ONSET AND DE
		DIATE CAUSE (o)	Chr.	loc	mest			Mu	lule
	4029	DUE TO OR	AS A GONSEOUS	NCE OF	H disease	a .		6.0	
	Conditions, if only, which		14.0	1 VY	H assess			Je	n
	gove rise to immediate							0	
	couse (o), stating the underlying cause last.		AS A CONSEQUE	NCE OF					
N O	TAKE 2 OTTER SIONIFICAL	vi condinors <u>co</u>	1411110011140 102	EATT BOTT	NOT RELATED TO THE TERM	IN AL DISEASE ON CO		E11 111 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
TIFICATI	19a DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO		S, WERE FINDI YING CAUSES	
CERTIFICATION	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY		WAS PERFORMED	YES NO	IN CERTIF YE	YING CAUSES	OF DEATH
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21b. TIME OF HOUR A.M	INJURY MONTH DA			YES NO	IN CERTIF YE	YING CAUSES	OF DEATH
	21a, ACCIDENT WAS UNDERLYING	21b. TIME OF HOUR A.N (INER) P.N 21e PLACE O	INJURY A. MONTH DA	YEAR	21c HOW INJURY OCCURE	YES NO F	IN CERTIFYE	YING CAUSES S ART I OR PART 2)	NO _
MEDICAL CERTIFICATI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OI	21b. TIME OF HOUR A.N (INER) P.N 21e PLACE O	INJURY 1. MONTH DA	YEAR	21¢ HOW INJURY OCCURE	YES NO	IN CERTIFYE	YING CAUSES	OF DEATH
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDIC AL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE	21b. TIME OF HOUR A.M P.M 21e PLACE (AT HOME STRE	INJURY I. MONTH DA I. FINJURY ELLEACTORY, OFFICE, FA	YEAR	21c HOW INJURY OCCURE	YES NO F	IN CERTIFYE	YING CAUSES S ART I OR PART 2) COUNTY	NO _
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER MOTHY MEDICAL EXAM- 21d. IN JURY OCCURRED WHILE NOT WHILE ALWORK 22a L certify that (1) (this h saw the deceased alive	21b. TIME OF HOUR A.N. 11NER) 21e PLACE C 1AT HOME STRE	INJURY MONTH DA FINJURY ELFACTORY, OFFICE, FA	Y YEAR 19	21c HOW INJURY OCCURE	YES NO F	IN CERTIFYE YE JURY IN ITEM 18 P	YING CAUSES S ART I OR PART 2) COUNTY	SOF DEATH'
	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this h	21b. TIME OF HOUR A.N. 11NER) 21e PLACE C 1AT HOME STRE	INJURY MONTH DA FINJURY ELFACTORY, OFFICE, FA	Y YEAR 19 ARM ETC)	21t HOW INJURY OCCURE 21t LOCATION 518EE1	YES NO F	IN CERTIFYE YE JURY IN ITEM 18 P	YING CAUSES S ART I OR PART 2) COUNTY	STA that (I) (we couses state
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (die	21b. TIME OF HOUR A.N. 11NER) 21e PLACE C 1AT HOME STRE	INJURY MONTH DA FINJURY ELFACTORY, OFFICE, FA	Y YEAR 19 ARM ETC)	211 LOCATION STREET 19 d that in (my) (our) opinion of the control of the contro	YES NO FED (ENTER NATURE OF IN CITY OR death occurred on the	IN CERTIFYE JURY IN ITEM 18 P	ÝING CAUSES S ART I OR PART 2) COUNTY 19	STA that (I) (we couses state
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (die	21b. TIME OF HOUR A.N. P.N. 21e PLACE C (AT HOME STRE 2 ospital) attended the con d not) view the body of	INJURY MONTH DA FINJURY ELFACTORY, OFFICE, FA	Y YEAR 19 ARM ETC)	211 LOCATION STREET 19 d that in (my) (our) opinion of the control of the contro	YES NO PER NATURE OF IN CITY OR death occurred on the DIRECTOR PHYS	IN CERTIFYE IURY IN ITEM 18 P IOWN date and hou	YING CAUSES S ART I OR PART 2) COUNTY 19 22c DATE	that (I) (we couses state
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM- 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (did 22b SIGNATURE	21b. TIME OF HOUR A.M. P.M. 21e PLACE C (AT HOME SIRE cospital) optended the con d not) view the body of	INJURY MONTH DA FINJURY ELFACTORY, OFFICE, FA decaysed from ther deoth.	Y YEAR 19 ARM ETC)	211 LOCATION 51REET 19 d that in (my) (our) opinion of the control of the contro	YES NO VER NATURE OF IN CITY OR CITY OR MEDICAL ST. DIRECTOR PHYS	IN CERTIFYE IURY IN ITEM 18 P IOWN date and hou	ÝING CAUSES S ART I OR PART 2) COUNTY 19	that (I) (we couses state
WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a 1 certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (did 22b SIGNATURE 22d. PHYSICIAN'S NAME (T William L BURIAL, CREMATION, REMO)	21b. TIME OF HOUR AN PLANER) 21e PLACE C (AT HOME STREE OF THE DOSPITO) attended the condition of the body of of t	INJURY MONTH DA FINJURY ELFACTORY, OFFICE, FA deceased from ther deoth.	Y YEAR 19 ARM ETC) . one	211 LOCATION STREET 19 d that in (my) (our) opinion of Physician (Physician) 22e ADDRESS	YES NO VED LENTER NATURE OF IN CITY OR CITY OR Death occurred on the DIRECTOR PHYS	IN CERTIFYE IURY IN ITEM 18 P IOWN date and hou	YING CAUSES S ART I OR PART 2) COUNTY 19 22c DATE	that (I) (we couses state
WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AL WORK 22a 1 certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (did 22b SIGNATURE WILLIAM L William L	21b. TIME OF HOUR AN PLANT OF THE PRINT OF T	INJURY MONTH DA FINJURY ELFACTORY, OFFICE, FA decaysed from ther deoth.	ARM ETC) ARM ETC) ARM ETC)	211 LOCATION STREET 211 LOCATION STREET 19 d that in (my) (our) opinion opin	YES NO FED LENTER NATURE OF IN CLIY OR Death occurred on the DIRECTOR PHYSICAL ST. DIRECTOR PHYSICAL ST. CLIY OR TOWN Baltimo	IN CERTIFYE TOWN dote and hou AFF ICIAN Limore	YING CAUSES S ART I OR PART 2) COUNTY 19 7 and from the 22c DATE 6 9, Mary	that (I) (we couses state Signed
WEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM- 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 22a 1 certify that (1) (this h saw the deceased alive obove, (1) (we) (did) (did 22b SIGNATURE WILLIAM L BURIAL, CREMATION, REMO) (SPECIEY)	21b. TIME OF HOUR A.N. P.N. 21e PLACE C (AT HOME STRE 2 ospitol) ottended the conformation of the conforma	INJURY MONTH DA FINJURY LEFACTORY, OFFICE, FA decagsed from 19 23c N MO	Y YEAR 19 ARM ETC) ONG AME OF CE	211 LOCATION STREET 211 LOCATION STREET 19 d that in (my) (our) opinion opin	YES NO PER NATURE OF IN CLIY OR Death occurred on the DIRECTOR PHYS	IN CERTIFYE TOWN dote and hou AFF ICIAN Limore	YING CAUSES S ART I OR PART 2) COUNTY 19 7 and from the 22c DATE 6 9, Mary	that (I) (we couses state Signed

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The la retained by the hospital or attending physician

(VRA 15, 4)

F (A)	1 - STA
	1. DECEAS

mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows ony

STATE OF MARYLAND

B 4	REG. NO.	3 8	7	9
DAJE OF	DEATH MONTH	1984	YEAR	3-A
AGE UNYE	ARS LAST BIRTHDAY	IF UNE	DER I YEAR	IF UNDER 24 HRS

1	FOR - STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HY	GIENE REG. NO.	3 8	79
(TYP	CEASED NAME E OR PRINT)	Heri	ne i	K For	154	Re	MAY 16	1984	YEAR 26. HOUR 8
3. SE	Female	4. R	Whit	E	S. DATE C		6. AGE (IN YEARS LAST BIRTHD)	YRS.	R 1 YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	IRTHPLACE (STATE OR F COUNTRY) MARYLAND ITY OR TOWN OF DEA		USA NAME OF L	WHAT COUNTRY?	WIDOWE G HOME C	D NEVER MARRIED D DIVORCED D	9. BALTIMORE CITY OR C	126.	M KIND OF BUSINESS O DUSTRY
130.	AL RESIDENCE (IF NURS STATE MD ATHER'S NAME	ING HOME OR OTHE 136 COUNTY HARFORD		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN HAVRE de C	V	13d. INSIDE CITY LIMITS? YES \(\bigcirc \text{ NO } \cdot \)	13e. STREET ADDRESS 611 NORTH ADAM	MS STREET	21078
	WILLIAM	T.	LΕ	ROLLINS		CARRIE	MIDDLE	В	IDDISON
	WAS DECEASED EVER YES, NO OR UNKNOWN}	IN U.S. ARMED (19 YES, GIVE WA		166 SOCIAL SECUI 218 14 483		M. ROLLINS FOR	ADDRESS SYTHE 5100 56th A	AVE. HYAT	20781 TSVILLE, MD.
	Conditions, if ony, gave rise to imm cause (o), statin underlying cause	nediote g the lost.	DUE TO, OF		ple of a		+ Block	ION GARGEN IN F	PART I 10y
TIFICATION	19a DATE OF OPERAT	TION	Tya.	eture TION FOR WHICH	Gree OFFRATIO	N WAS PERFORMED	ZOO AUTOPSY? ZO	Db. IF YES, WERE CERTIFYING C YES	FINDINGS USED CAUSES OF DEATH?
MEDICAL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. IN JURY OCCURR AT WORK NOTIFY THAT WORK AT WORK AT WORK AT WORD 220. I certify that (1) sow the deceose above, (1) (ye) (d 22b. S	AUSE OF DEATH CALEXAMINER) RED (this hospital) and alive on lid) (did not) vis	P./ 21e PLACE ((AT HOME STR attended the	M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, FA Becegsed from 19	19 ARM. ETC.)	211 LOCATION STREET 19 19 10 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	CITY OR TOWN death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIAN	200 and hour and fr	STATE
	22d PHYSICIAN'S NA		En,	1157		22e ADDRESS	(DAA) AIF	HAND	F 1-

23c. NAME OF CEMETERY OR CREMATORY

ANGEL HILL CEMETERY

23d LOCATION 67 COUNTY OF STA

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

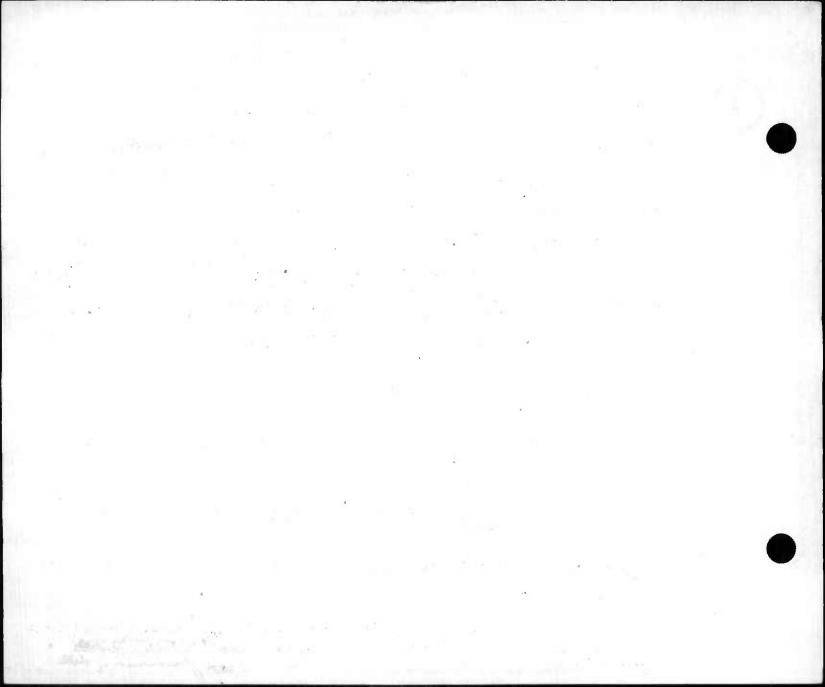
23b. DATE 19 MAY 84

MAY 21

the Barbarahaman Bered Dunglitz Hiller Block-See March The Transmission from January I Lept Roberton C. BALLS ENDER THE THE SALE THE SALE THE SALE OF THE SALE MERCHAN MA THE LITTLE OF CHANGE & MALE OF MY 21 DD ! whitemed with

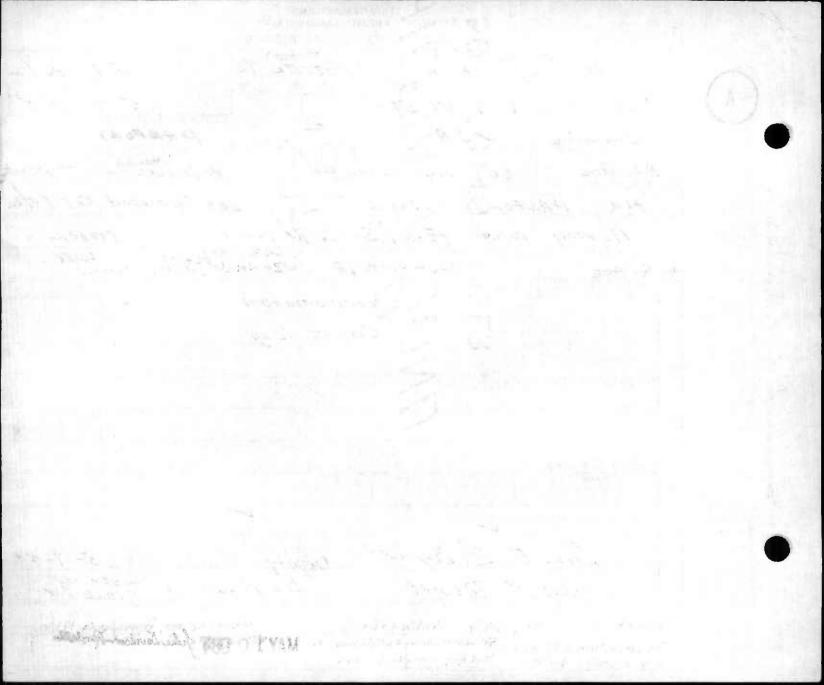
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	TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after described by the hospital or ottending physician.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTLAND 2120	o n
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	TO HOSPITAL STATENDING PHYSICIAN: The retained by the hospital or attending physician
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	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 3 8 8 0					
V2 12'4	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MO	1			
	JOSEPH	RELNALA	Foster		784 9:23 "			
(A)) SEX	White	SUNE 10, 1920	6 AGE (IN YEARS LAST BIRTHDA	YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) ENTINE ACKANSAS	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED UNIDOWED DIVORCED	HAT FORD				
1	ChurchvillE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 2900 Whitefa	ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	DRKING LIFE) INDUSTRY			
illed in	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 13b COUN MANY AND HAT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 130 CITY OR TOW FORT CO Churchy HE	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	efield Road 28			
campletely ond 2 sh	FATHER'S NAME SEPH NE	-3	IS. MOTHER'S MAIDEN NA	Elizabole	KEOMH			
Page:	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (# YES, GM	E WAR OR DATES)	RITY NO. 17 INFORMAN (WITE)		wite field boad alo 28			
physicio on papers. emovol. event, the	PART I. DEATH WAS CAUSE	ally one couse per line for (a), (b), and (b) BY TE CAUSE (a)	son a of the	Rastate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ottending mave corb lation, or r froumatic	Conditions, if ony, which (b) & MUTSIALS TO BODE							
by the	gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE						
n signed Then pled to buriol nijury, or		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)			
has been the prior to permit tene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		III. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO			
ng physicis certificate viol-tronsi ental Hygi	00.000.000.000.000	HOUR A.M. MONTH DA	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	(TEM 18, PART I OR PART 2)			
offending the bush and M hand M rked or	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
Priorition of He	sow the deceased alive an	ital) attended the deceased from 19	, and that in (my) (our) opinion	death accurred on the date	ond hour and from the causes stated			
y the hosy that DIREC detoched state Dept	22b. SIGNATURE	Phillips		MEDICAL STAFF DIRECTOR PHYSICIAN	May 7, 984			
etoined by the Foundation of the State with the State WAPORTANT:		hillips, M.D.		Maryland 210;	34			
BP	230. BURIAL, CREMATION, REMOVAL	may 9, 1984 Chi	LAME OF CEMETERY OR CREMATORY		ford to mingling STATE			
DHMH-16 20M (VRA 15, 4) 7/78	MELINERAL DIRECTOR TOS	HET SO W. Breadway	Way Stork WA	1000444	e burden Pandelle			



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

	FOR DEPARTMENT OF HEALTH AND MEDICAL EXAMINER'S CER	ND MENTAL HYGIENE
W 8 8 8 1	DECEASED NAME FREST (MURRAY) MIDDLE LAST (TYPE OR PRINT) HUYYAY NAN FO	STER TR 20 DATE KNOWN MONTH DAY YEAR 20 HOUR OF ESTI- DEATH MATED 5 7 19 P4
DIRECTOR NATIONAL STREET	MAIE White 9-9-27 56 YRS.	DAYS HOURS MIN PRONOUNCED 5 7 19 8 8 M
NEGESS S. FORE A TORY	Casifornia UJA WIDOWED	NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH DIVORCED HARFORS MD.
ELAY IS TO THE P PAGE PRED SPILED	Per all 11. NAME OF HOSPITAL, NÜRSING HOME, OR ÖTHER III. NAME OF HOSPITAL, NÜRSING HOME, OR ÖTHER III. (IF NOT IN SUCH FACILITY, GME STREET ADDRESS)	FOR MOST OF WORKING LIFE THUMBON OR INDUSTRY
AND 3 AND 3 RETAIN HOULD		INSIDE (ITY LIMITS? 130 STREET ADDRESS NO 0 603 Lynwood ar helex
DEATH. II	HOSTEY WHAT FOSTER SE	MOTHER'S MAIDEN NAME MERCE STOVEL
JRS AFTER (3. GIVE PACK WITH FORM T. PAGES 1 DIVISION	(YES, NO, OR UNKNOWN) (YES, NO, OR UNKNOWN) (YES, NO, OR UNKNOWN) (YES, NO, OR UNKNOWN) (YES, GIVE WAR OR DATES) (YES, OR UNKNOWN)	SUZAMBEG Jame aan
0108#,	IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY: JAMAEDIATE CAUSE (o) Cle YCIM	approximate interval Between onset and death
CIL IN VER A ANSIT REMO	Conditions, if ony, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF	of long
CUTED W. IL EXAMIN JRIAL - TR. ND MENT,	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF (c)	
JLD BE EXECUTED TO BE WEEN TO BE WEEN TO BE WEEN TO BE AS A BURIAL HEALTH AND MIL, CREMATION,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR C	
SHOULD VORD "PR CHIEF / BE USED NT OF HE BORIAL,	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS P	YES [] NO
THE VALUE OR TO THE VARIANE	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	NJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
THIS CERTING WARDED TAREDED TAREDEPA	21d. INJURY OCCURRED WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) 21e. PLACE OF INJURY (AT HOME, STREET ACTORY, FARM, ETC.) STREET	ON CITY OR TOWN COUNTY STATE
THE S AND,	220. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Notural causes , Accident , Suicide ,	Inspection Inquiry , ond in my opinion Homicide , Undetermined manner ,
- UOST .	ACTUAL SIGNATURE Leve E Recept M.D.	DEPOTY MEDICAL EXAMINER DATE 5- 7-84
TO MEDICA EXECUTE TH PAGE 4 SHO PATER DEAT AFTER DEAT BAFTIMORE		RESS 45 4 alliance ST Herre do
BP	10. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMETERY OF CREM	WEST CHESTER SOUND 18 19380
DHMH - 17 (VR A15 ME (5)) 15M 2/80	SOMETH WILLIAM FOSTER SOM Broadway & WILLIAMS & BELLIAM MANJAND 21014	MAY 1' 0' 984" 9 10 10 10 10 10 10 10 10 10 10 10 10 10



		FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN		MENTAL HYC		REG. NO.	3 8	2
		CEASED NAME	FIRST		MIDDLE	LAST		20. DATE KN	NOWN WON	TH DAY YE	AR Zb. HOU
HENCE:	(TYF	E OR PRINT)	Delbert		Sterling	Frist		OF DEATH M	ESTI-	74 198	H 12 A
2620	3. SEX		RACE 5.	DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1			MON		EAR 2d. HOU
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田田東正野り	7a. B	RTHPLACE (STATE	OR 7b	. CITIZEN OF W	HAT COUNTRY?	MARRIED P	NEVER MARRIED	9 BALTIMO	RE CITY OR COL	JNTY OF DEAT	H
A SASSI	4	Maryland	d		7 //	WIDOWED	DIVORCED	O Ha		Tim unio o	M
SHEET STATES	10. CI	TY OR TOWN OF	DEATH		SPITAL, NURSING HOMI CILITY, GIVE STREET ADDRESS)	E, OR OTHER INS	TITUTION 12	FOR MOST OF WORKIN	TION (TYPE OF WO (G LIFE)	RK 12b KIND O OR IND	USTRY
SO W			ace 1	Harford	Memorial	Hospit	E	Bldg. & B			entral
ZOE HOZ		TATE A A	3P CONITA	THER INSTITUTION, G	13c. CITY OR TOWN	13d. INS		STREET)	1 .	road
Z S E S E	4	/ L &	ae	eci	PortDepos:			619	FRIST	/ca	21904
E-XOX	$\mathscr{O}V$	THER'S NAME	A	AIDDLE	LAST	15. MC	THER'S MAIDEN I	NAME	DEE	LAST	
20 × 50 / 1	-	John	VER IN U.S. ARMEI	C.	Frist	V NO 17 INF	Olive		ADDRESS	Campbe.	
E 5000	7 /(Y	ES, NO, OR UNKNOWN	(IF YES, GIVE WAI	R OR DATES)	717-09-						14.1
A PHAN	1	Yes 18 CAUSE OF D		II		F.	lorence W	. Frist	Port De		MATE INTERVAL
MIT WITH		PART I DEAT	H WAS CAUSED B	ne cause per line Y:	for (a), (b), ond (c).)	Cana	CORONA	and Ilas	of the		ONSET AND DE AT
S S S S S S S S S S S S S S S S S S S		414	IMMEDIATE (, ,	AS A CONSEQUENCE		CORUNT	ncy /TEO	y IXX	-00	
NE SE		Conditions,	if any, which	DOL 10, OK	A	SCUD	1				
WINE NIA NIA	1		to immediate	(b)	AS A CONSEQUENCE						
N A A A		lying cause	last.	(-)							
ANGER		PART 2 OTNER SIGNE	FICANT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART 1	in.			
HE ZAIS	Z										
	MEDICAL CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDI	TION FOR WHICH OPER	RATION WAS PER	FORMED?			20 AUTO	PSY?
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FICATE SI THE WO O THE COULD BE RTMENT	3 8	21a. EXTERNAL O	and the same of th	216. TIME O			URY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 O	R PART 2)	
RTIFICATI NG THE V O TO THI SHOULD PARTME	2 3	UNDERLYING CONTRIBUTING	OR CAUSE OF DEA		A. MONTH DAY YEAI	×					
피는민씨씨라	ED	214 INJURY OC	CURRED	21e PLACE	OF INJURY (AT HOME,	211. LOCATION	4				
THIS C WARDI WARDI PAGE 3	2	AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	PIMEEL		CITY OR TOWN		COUNTY	STATE
		22n Leastifu t	hat I tank charge o	of the company de	gribed abave, held an	Autapsy	, Inspection	Inquiry	, and in m	, oninina	
EXAMINER: CERTIFICATI OULD BE FOR L DIRECTOR: 4, WITH THE	1	death resulted		causes ,				Indetermined mani		opinion	
CAM IREC WITH		geam resolled		cooses (,	Accident [], 30		LE (SPECIFY)	Jirdelermined mani	iei L.		
THE CER. HOULD MAL DIR KE, MAR		ACTUAL SIGNATURE	Luci	6/2	leuf	PMD Z	exuly	MEDICAL EXAMIN	JER DA	TE 5-2	4-0-4
AEDICAL E CUTE THE C E 4 SHOUNERAL ER DEATH, INNORE, N	7/		- 0		- 3	, , , , , , , , , , , , , , , , , , ,	1.11.0		//	IIA e	The.
	6	EXAMINER'S NA (TYPE OR PRINT)		IS E	KEN	6C ADDRE		Chara	Cia	w Ma	2107
DAR DE	23a.B	URIAL, CREMATIC	N, REMOVAL 236	DATE	23c. NAME OF CE	METERY OR CREA	AATORY 2	3d. LOCATION	-	OUNTY	STATE

May 26,1984

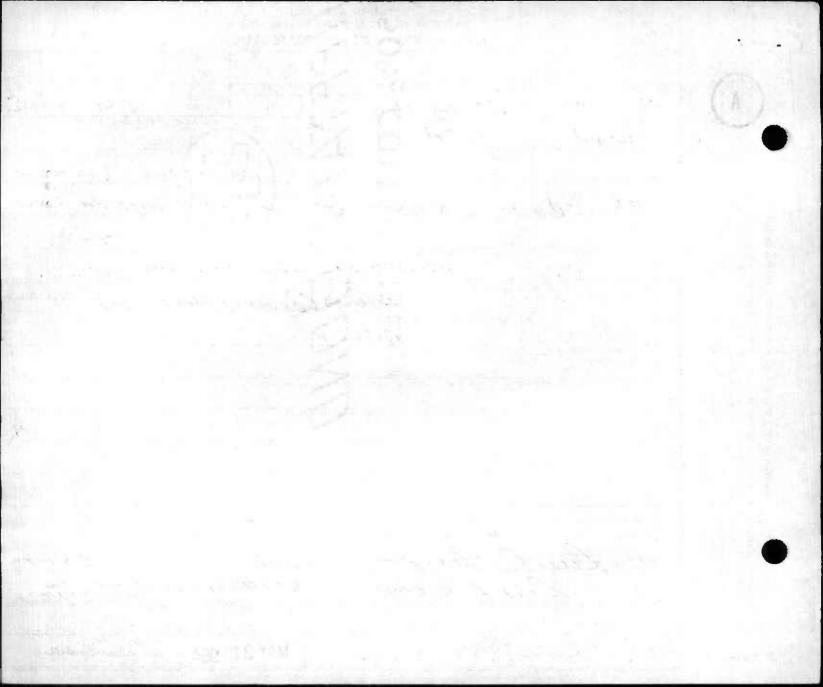
Son, Perryville, Md.

Hopewell Cemetery Port Deposit Cecil Maryland

756 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

WAY 28 1984 Lawidson Rander

DHMH - 17 (VR A 15 ME (5)) 15M 2/80



	FOR STATE				RTMENT OF H	E OF MARYLA	MENTAL			-2	8	8 3	
	REGISTRAR					ER'S CERTIF	ICATE		144	EG. NO.	-		
	CEASED NA			WIDDLE		LAST	LAST		OF ESTI-		- 170		
		Dav		Alle		Gemmil:			DEATH MAT	ED 📗	5/12	2/84 ₁₉	
3 SE	ME	White	S. DATE OF	1969 PAY	LAST BIRTHDA	morning out	Hours	MIN. PR	DEAD			2/8419	R 24
FC	IRTHPLACE DREIGN COUNTRY	()		NOF WHAT CO	DUNTRY?	MARRIED N	NEVER MARR	IED A	BALTIMORE (-	_		
	ITY OR TOW	ON (SIOH	II. NAME	OF HOSPITAL,	NURSING HOME, WE STREET ADDRESS) ENERAL H	OR OTHER INSTIT	TUTION	FOR MO	LOCCUPATIO ST OF WORKING LI			OR INDUS	BUSIN
13a. S	AL RESIDENC	E (IF IN NURSING HOM	OR OTHER INSTIT	TUTION GIVE RESIDE	NCE BEFORE ADMISSIO	N)	E CITY LIMITS?	13e STREE	T ADDRESS			School	14
_	Maryle	tool Harr	Ford Co	1 3	THY OR TOWN		NO	330	WEST	Gor	gon s	SHEEF	
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	BELH		AELEH		Emmill	C	ousta	NCE	JOAN	DDECC		04-	
16a. \	WAS DECEAS ES, NO, OR UNK	SED EVER IN U.S. A	RMED FORCE /E WAR OR DATES		SOCIAL SECURITY	NO. Mr.	BETHAT	hur) 838 d E. Gi	-3364 AD	330 8 Ed	Hir 1	Md. 210	14
	18 CAUSE	OF DEATH (Enter o	inly ane cause	ause per line far (a), (b), and (c).)						,	APPROXIMA BETWEEN ON	ATE INT	
	PARITI	DEATH WAS CAUS	ED BY: ATE CAUSE (c)	Han	ging							
	75	30		TO, OR AS A C	ONSEQUENCE	F							
		ians, if any, which rise to immedia		0)								- 5	
		a) stating the unde	T. DUE	TO, OR AS A C	ONSEQUENCE O	F							
			((c)									
NO	PART 2 OTNER	SIGNIFICANT CONDITION	IS CONTRIBUTING	TO GEATH BUT NOT	RELATED TO THE TERM!	NAL DISEASE OR CONDIT	TION GIVEN IN PA	ART 1 (a)					
CERTIFICATION	19a. DATE C	OF OPERATION	19b.	CONDITION FO	OR WHICH OPERA	TION WAS PERFO	ORMED?					20 AUTOPS	Y?
TEK			Que pro								YES 🗌		
CER		VAL CAUSE WAS		TIME OF INJUR		21c. HOW INJUI	RY OCCURRE	ED (ENTERNA)	TURE OF INJURY IN	ITEM 18 PA	ART I OR PAR	RT 2)	
Y	CONTRIBU	NG MOR TING □ CAUSE O	F DEATH 1:	$04_{P.M.}$ 5	712/ 8	4 subj	ect ha	inged s	self				
MEDICAL	21d. INJURY	OCCURRED	21e.	PLACE OF INJU		21f. LOCATION			CITY OR TOWN		COU	M 190.	
2	WHILE AT WORK	AT WORK	XX	bedroc		330 W.	Gordon	st.	Bel Ai	r, N	yd.	INIY	
	220 100	rtify that I taak cha	rae of the som			Autopsy ,	Inspectio		Inquiry .		l in my api	Inlan	
-		1	ural causes				nicide ,		nined manner		i iii iiiy api	Iniuri	
	deam rest	med from: Nam	1 1/	Accide			(SPECIFY)	Unidereri	milea mainter	,			
A Paris	ACTUAL SIGNATUR	. AG	2/6	11				+ 4500	AL EXAMINER		DATE	5/13/	9/
	DIGIGINA	-	1	/		AS	STACH	MEDIC.	AL EXAMINER		SIGNE	U1/_1_1/	105
	(TYPE OR P	S NAME Gre	gory R	R. Kauff	man, M.D	ADDRESS	111 P	enn S	t., Bal	to.	, Md.	. 21201	
23a.B	URIAL, CREM	ATION, REMOVAL		2	3c. NAME OF CEM	ETERY OR CREMA	TORY	23d. LOC.	ATION		COHN	ITY	STATE
	Surial			1984	BEL Air ME	monay Gan	ndEn2	BH	Air Har	Cord C	m in	heafra	211
24 F	UNERAL DIR	William For	man I	ADDRESS	way & will		25a. DATE		EGISTRAR 256				
20	Muchols	ville Frale	E B	SEI Air. N	mylood	21014	MAY 1	5 9	Julian	Jand!		THE REAL PROPERTY.	4
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	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF HEAL	MARYLAND TH AND MENT TE OF DEAT	6.0	REG. NO	3 8	8	24
y the dearth		CEASED NAME FIRST Marg	aret El	DOLE	H GOD	nsen		ATE OF DEATH M	5 - 18	-84	26. HOUR 05 10 pm
The state of the s	3. SE	emale ETHPLACE (STATE OR FOREIGN	1 RACE White		5. DATE OF BI	DAY YE	996	E (IN YEARS LAST BIRTHI	YRS MON		HOURS MIN.
	0 0	Maryland	451	7	WIDOWED		ED 🗌	HarF	ORD	Court	-4 MD.
the day	B	el Air	Bel Ail	FACILITY, GIVE STREET	alescen		(TYPE	SUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE)	IZE KIND OF INDUSTRY	ER Com.
A lilled in	130.5	AL RESIDENCE (IF NURSING HOMI STATE 13.6. CC ARYLAND HA	E OR OTHER INSTITUTION, G DUNTY I	BEL A.R	N 13d		MITS? 13e. S	TREET ADDRESS	- 9.R	Rogo	21087
complete and all second		HE RELL	MIDDLE	BOSS 66 SOCIAL SECU		S FIRST	ARST	ADDRES		ROS	\$
n and Pages	160. V	VAS DECEASED EVER IN U.S. (IF YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	220-05		FORMANI	AMIL	. ()	ROS	(nenovi.	MATE INTERVAL NSET AND DEATH
equires that the death certificate basisions of the attending physician Then please remove carbon papers. To burial, cremation, ar removal. injury, at other traumatic event, the		Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR DUE TO, OR DUE TO, OR	AS A CONSEQUE	NCE OF	By C	- for	L'IVE	ITION GIVEN	IN PART 1(o	
w r bee hee	CERTIFICATION	190 DATE OF OPERATION	Trok.	ON FOR WHICH			200	AUTOPSY?	20b. IF YES. W	ERE FINDIN	GS USED
PHYSICIAN; The lo ending physician. this certificate the to burial-transit pers ad Mental Hygiene p d or Item 18 stans	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMINATION OF COURRED)	DEATH HOUR A.M. HER) P.M. 21e PLACE O	. MONTH DA	19 21:	E LOCATION	OCCURRED (E	NTER NATURE OF INJURY		OR PART 2)	STATE
TTENDING P pital or atter TOR. After the for use as the of Health and 21 is marked	W	WHILE AT WORK 220. I certify that (1) (this has sow the deceased dive obove (1) (we) did (did	spital) attended the	deceased from	, and th	, 19,	6, to	occurred on the dot	18, 19,	84, 1 and from the c	hor (I) (we) lost ouses stated
iTAL OR by the ho ERAL DIRE e detache state Dep		226. SIGNATURE 226. MHYSICIAN'S NAME (TY)	- a /	Typo		ATTENI		STAFF CTOR PHYSICI.		22c. DATE S	F. 84
TO HOSP retained 1 TO FUNE should be with the 8	23a. I	BURIAL, CREMATION, REMOV	AL 236. DATE	1984 P	NAME OF CEME	TERY OR CREMA	ATORY 23d	LOCATION CITY OR TOWN	- Ro	типту Г	STATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR NAME VANS CHAPS)	OF Min	ADDRESS	8800 ARFOR	0 0	250. DATEREC	2 3 1984	sh REGISTRAI	r's signaturidson-D	andell.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral distributed be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MADYLAND

ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8	c.	REG. N	1 3	8	8	
LAST	2 a	DATE OF	DEATH	MONTH	DAY	YEAR	12

FOR		DEPART		EALTH AND MENTAL H	YGIENE	2 3	8 5
- STATE REGISTRAR			CERTIF	ICATE OF DEATH	8 4 REG. N	3 0	*
1. DECEASED NAME	FIRST	MIDDLE	Į,	AST			EAR 2b. HOUR
(TYPE OR PRINT)	01 0101	Dacca	0	achia		E 19 9	24 12
3. SEX	Charles 14 RACE	Dorsey	S. DATE O	OCCO	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER	
		'	MONTH	DAY YEAR		MONTHS	DAYS HOURS M
MALE	WHITE			L 26, 1914	70 9 BALTIMORE CITY C	YRS.	711
70. BIRTHPLACE (STATE O	FFOREIGN 76. CITIZEN O	F WHAT COUNTRY	MARRIE	NEVER MARRIED	S BALTIMORE CITY	COUNTY OF DEA	in.
MARYLAND	USA		WIDOWE			7.2	NID OF BUILDINGS
10. CITY OR TOWN OF D		F HOSPITAL, NURS UCH FACILITY, GIVE STREI		OR OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS STRY
	race Harf	- 1	ionial	Hospital	(RET) ELECTRI	CAN PEN	IN CENTRAL
USUAL RESIDENCE (# NU	RSING HOME OR OTHER INSTITUTION	13c. CITY OR TO		134 INSIDE CITY LIMITS?	130. STREET ADDRESS		
MD	HARFORD	HAVRE de		YES NO	303 BOURBON	STREET	21078
H. FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN I	NAME		LAST
HATCHER	Mour	GORDON		EVA	DORSEY	GC	DRSUCH
160 WAS DECEASED EVE	R IN U.S. ARMED FORCES		CURITY NO.	17 INFORMANT	ADDR	SS	
(YES, NO OR UNKNOWN)	I IF YES, GIVE WAR OR DATES)	711 07 50	006	MRS. RUTH M.	GORDON	SAME AS :	∦13e
	TH (Enter only one couse p	1 - 7 0 -					PPROXIMATE INTERVAL
	GNIFICANT CONDITIONS	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TE	rminal disease or con	DITION GIVEN IN PA	ART 10
I UI OF OPER		IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED
Diabe 190. DATE OF OPER 5.18.2 21a. ACCIDENT WAS IT	21			Cervical Sp			AUSES OF DEATH?
21g, ACCIDENT WAS I	NORRIVING 12 216 TIME	OF INJURY	racic ?	21c HOW INJURY OCC		RY IN ITEM 18 PART 1 OR P	
00.0001701017010		A.M. MONTH					
(IF EITHER, NOTIFY M		P.M. E OF INJURY	19	21f. LOCATION			
WHILE NOT	WHILE (AT HOME,	STREET, FACTORY, OFFICE	E, FARM, ETC.)	STREET	CITY OR TO	OWN COU	NTY STATE
AT WORK AT	/ORK				5.	19 0	1
22a. I certify that sow the dece	(1) (this hospital) attended			ad that is /my) (our) asis	on death accurred on the d	ate and hour and fre	that (1) (we)
above, (1) (we	(did) (did not) view the bo	dy ofter death.			Jeon occorred on the o		
Howt	the Jacks	M	1		MEDICAL STA		·21.84
HOULLEY	HAME (TYEOR PRINT)	m M.T)	1216 ADDRESS	De Nuo llan	10 To Cas	. 1
23a. BURIAL, CREMATIO	, bouck a	11111		1313.000		C VE GI	race Md.
	N, REMOVAL 23b. DATE			EMETERY OR CREMATOR		COUNT	
(SPECIFY) BURIAL			c. NAME OF C	MEMORIAL GARDE	23d. LOCATION CITY OR TOWN	HARFORD CO.,	MARYLAND

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

etained by the hospital or offending physicion.

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD, 21078

MAY 25 1984 Julio Savidson Randoll

Called And Colored Col

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove corbonpapers: Pages 1 and 2 should be filed within 72 hours att with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

sam injury, or ather troumotic event, the

IMPORTANT: If them 21 is morked or Item 18 short

JIMIL OF MARTEMIN		STATE	OF	MARYLAND
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4	REG.	NO.	3	3	8	
ATE OF	DEATH	MONTH	DAY	YEA	AR :	21

1	FOR		DEPARTMENT OF H	IEALTH AND MENTAL HYG	IENE	1 " 2	8 6
	STATE REGISTRAR		CERTIF	FICATE OF DEATH	8 4 REG. N	0 0	, ,
I. DE	CEASED NAME FIRST	MIDDI	LE	LAST	26 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR_ @
(TYPE	OR PRINT)	10	(· mar land	2000	May 0 1692	1 128
3. SE	Ayae	4. RACE	S. DATE C	SE DIETU	6 AGE (IN YEARS LAST BIR	THOAY) A IF UNDER TYEA	AR SEUNDER 244 HRS
3. SE	^	1.4	MONTH		AGE (INTERNSTRATION	MONTHS DAY	
	Mare	While	Ma	r. 1 1903	81	YRS.	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA		DE NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH	
As	sh Co. N.C.	U.S.A.	WIDOWE			Hartord	MD.
10. C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION 126. KIND	OF BUSINESS OR
Ha	We do Grace	L'AT LOCA	CLITY, GIVE STREET ADDRESS)	Insuital	Store Du	PER RET. 50	if Employd
USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE		C 19030. W(K			
130 5	STATE 136 COU	VTY, 13c	CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		2/9/0
M E	ATHER'S NAME	المان	ONOWINGS	YES NO NO NO NA	MF 191.	Loar Ka.	2110
1	FIRST	E Gra	ybeal \	Särah	MIDDLE	And	AST
	James				ADDR		
	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES!	SOCIAL SECURITY NO.	17 INFORMANT			
	No		233-16-2333	Mamie E. Gra	ayoear (Wife	e) Same Ado	iress
	18 CAUSE OF DEATH (Enter or		for (b), and (c)	pd 10		APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	PART I. DEATH WAS CAUSE	TE CAUSE (0)	Kenal	Toulens			
	4047		Contractor	1	,	1 10	
	Conditions, if any, which	DUE TO, OR AS	ACONSEQUENCE OF	brotie then	ulten buy	Hart Alsea	ul.
	gove rise to immediate	(b)		//			
	couse (0), stating the underlying couse last.	DUE TO, OR AS	S A CONSEQUENCE OF				
		(c)					
z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVEN IN PART	lía
110	Menup	720 1	morne	erior gy		January Liene	
CA	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS	
CERTIFICATION					YES NO	YES 🗌	NO 🗆
CE	210. ACCIDENT WAS UNDERLYING	216. TIME OF IN	MONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART 2	
AL	OR CONTRIBUTING CAUSE OF DE	ain I	19				
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF I		211 LOCATION	CITY OR TO	OWN COUNTY	STATE
X	WHILE NOT WHILE AT WORK	(AT HOME, STREET,	FACTORY, OFFICE, FARM, ETC.)	PINEEL	CHI OK IC		31612
	220.1 certify that (1) (this hasp	ital) attended the de	eceased from . 4-	16 1084	to 5-8	1084	, that (I) (we) last
	saw the deceased alive or	<i>x v</i>	7/1_	nd that in (my) (our) opinion	death occurred on the d	ate and hour and from ti	
	22b. SIGNATURE		er death.				
100	2011 00	-/	1.	DEGREE ATTENDING	MEDICAL STA	_/	E SIGNED
	recau	X	- /	PHYSICIAN	DIRECTOR PHYSI		1189
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e. ADDRESS			
N.							
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		
	(SPECIFY)	E 40 198	S/4 Concus	noo Bantist	Conowing	o Cecil	Md.

DHMH - 16 50M 4/83

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(VRA 15, 4)

24 FUNERAL DIRECTOR

MAY 1'4 100 Guillanderdon Annael

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		. and Y		13-15
Swan		Suc Mills		.c.acd daa
Barras Ref. 1963 C. Co.	grota	Langue E. L.		
Mary Shi				
.blbqu				
ULTe) Serve Address	j indysti . a sim	ri Birtigi-us		
		Key Bridge		
				₩.
#4 · · · · · · · · · · · · · · · · · · ·		La se	2.3	

STATE OF MARYLANI	D
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ci.	1	3	3	8	1
Parish .	REG. NO."				

FOR	DEPAR	RTMENT OF H	EALTH AND MENTAL HYG	IENE	1 2 33	8 /
HEGESTRAR		CERTIF	ICATE OF DEATH	8 A REG. NO	0. 3	0 ,
I. DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
Willia	m Edward	(C	or Stitle	in	av 25 198	4 4:30 M
1. SEX	4. RACE	5. DATE C	F BIRVH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 Y	EAR IF UNDER 24 HRS
Male	White	June		83	YRS.	AYS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	Y? 8.		9 BALTIMORE CITY O		4
Maryland	USA		NEVER MARRIED	Hart	. 1	440
Maryland O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWE SING HOME C		120 USUAL OCCUPATI	ON 125 KIN	MD. ID OF BUSINESS OR
11 1 0	(IF NOT IN SUCH FACILITY, GIVE STRE		11. 201 1	TYPE OF WORK FOR MOST C	F WORKING LIFE) INDUST	TRY
USUAL RESIDENCE (IF NURSING HOME OF		nones	Mospital	Truck Dr	iver Oi	1
13a. STATE 13b COUR	NTY J 13c. CITY OR TO	OWN (MC	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		
Maryland Harf	ord Aberd	een	YES 🔀 NO 🗌		ens Circl	<u>e 21001</u>
H. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		LAST
William	Amos Grif	fith	Myrtle		Kel	sey
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE-	CURITY NO.	17 INFORMANT	Ahara	deen,Md.	
no Tir YES, GIV	214-18	-7036	Mrs.Mvrtle	Timmons	2208 Pul	
18 CAUSE OF DEATH (Enter or		total result a		<u> </u>		PROXIMATE INTERVAL
PART I. DEATH WAS CAUSE	ED BY:	DVASC	ChiAse-	(1)LLA	15/	EN ONSET AND DEATH
1694 IMMEDIA	TE CAUSE (a)			COUNT		
1001	DUE TO, OF AS A CONSEC	MENCE OF	TYIC OA	PMAIDI	nA	
Canditians, if ony, which	(b) / (b)	7011	Till Gi	2011001	70	1000
couse (o), stating the	DUE TO, OR AS A CONSEC	DUENCE OF	NE 11	111/21		
underlying cause last	(c)		UT hi	WC2		
	CONDITIONS CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	Tilo
5 / nonhy	MANA	KT	Ling-			
190. DAVE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	IDINGS USED
190. DAYE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONTRACTOR OF THE PARTY OF THE		0	YES NOT	IN CERTIFYING CAU	NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			
OR CONTRIBUTING CAUSE OF DE	Airi	DAY YEAR				
LIF EITHER, NOTIFY MEDICAL EXAMINED	P.M. 21e. PLACE OF INJURY	19	211. LOCATION			
NOT WHILE	(AT HOME, STREET, FACTORY, OFFIC	E FARM, ETC }	STREET	CITY OR TO	MN CORNIA	STATE
AT WORK		950	10 01	15 5	5/4	
THE RESERVE AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN	ital) ottended the deceased from	Cl 16		, to		, that (I) (we) lost
	ot) view the body after death.		nd that in (my) (our) opinion (deoth occurred an the de		1
22b. SIGNATURE	m. V	X	DEGREE	Cuspicus sta		ME SEGNED
June 11	1 rune	yrn	ATTENDING PHYSICIAN	MEDICAL STAI	IAN [14/14
27 PHYSICIAN'S NAME (TYPE	OR PRINT)	110	22e ADDRESS	16	1	1000
DANTE	MONTOK	1/2	TINKE	de ()+	not. No	4 4/11
23a BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAMEOFC	EMETERY OR CREMATORY	123d LOCATION		
[SPECIFY]				CITY OR TOWN	county	C - 3 MAI
Rurial	Marz 20 100/	M+ C:	ormal Comat	Ortz Emmo	rton Har	ford Md

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR

(VRA 15, 4)

Burial May 29,1984 Mt. Carmel Cemetery, Emmorton

24 FUNERAL DIRECTOR

NAME

Howard K. McComas III, Abingdon, Md. 21009

STATE OF MARYLAND

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4 REG. NO	1 3	3 8	් ප්
	OR PRINTS	ENE		VIDS	HE	bner	20. DATE OF DEATH	ZS DAY	84	10 A M
3. SE		4. RA	CE		5. DATE C		6 AGE (IN YEAR) AST BIRT		NDER I YEAR	IF UNDER 24 HRS
	temala	2 6	shi	Te	Jan.	2, 1901 YEAR	83	YRS		HOURS MIN.
	RTHPLACE (STATE OR FORE	IGN 7b. C	ITIZEN OF V	WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
Pe	nnsylavania		U	SA	WIDOWE	D DIVORCED	HAR	FOR d	3.5	MD.
ff.	TY OR TOWN OF DEATH	As	HAR-	FACILITY, GIVE STREET A	DDRESS)	A HOSP	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Analyst		12b. KIND OI INDUSTRY Budge	F BUSINESS OR
13a. S	TATE 13	HOME OR OTHER LOUNTY		give RESIDENCE BÉFORE 13c. CITY OR TOWN Aberdeen		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS /		1.	
14. FA	Orlando	WIDDLE		Jones		Jennie	WE		Cook	
	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (U.S. ARMED IF YES, GIVE WAR		166. SOCIAL SECUI 172-09-46		17. INFORMANT Shirley Evans	ADDRE		deen.	D,21001
	Conditions, if ony, w gove rise to immed couse (a), stoting	hich liote	DUE TO, OF	R AS A CONSEQUE						
NO	PART 2 OTHER SIGNIF	ICANT CONE	DITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONE	DITION GIVEN	IN PART 110	
CERTIFICATION	190. DATE OF OPERATIO	7	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [G CAUSES	
MEDICAL CE	210. ACCIDENT WAS UNDER! OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL 21d. IN JURY OCCURRED WHILE AMURE NOT WHILE AT WORK AT WORK	SE OF DEATH EXAMINER)	P.A	M. MONTH DA M.	19	21s. HOW INJURY OCCURR 21s LOCATION STREET	CITY OR TO		ORPART 2}	STATE
	220.1 certify that (1) (the saw the deceased above 1) (we) (did	olive on	5.	28 19 8		nd that in (my) (our) opinion of	deoth occurred on the do	te and hour or	nd from the	
(THE PHYSICIAN'S NAM	E (TYPE CHIPMIN	7	ne	7	ATTENDING PHYSICIAN 2	AAEDICAL STAF		22c. DATE	21078
-	DUC/IN	14	1			00.01/1/8	N TIVE	AUKE C	EJRH	C.S. I.A.d.

DHMH - 16 50M 4/83

BP.

(VRA 15, 4)

TO FUNESAL DIRECTOR. After the certificate has been signed by the attending physician and completely filled in by the turneral distribution of contract of the contract of the

injury, or other troumotic event, the medic

MPGRTANT: If hem 21 is monked or hemid shows pay

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

23c NAME OF CEMETERY OR CREMATORY

234. LOCATION
CITY OR TOWN
Havre de Grace Hraford MD
EC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Angel Hill Cemetery 250. DATE REC'D.

230 BURIAL, CREMATION, REMARKATION, REMARKAT

1 21 718 BE TO	W DS	SHOE	To SHIVE	A Such	
	E		100	1, 200	T. Comp.
	X,		USA	s2	Pannaylaven
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10012,000 0	13 %	25		A This was a suit	bred (2)
Coolc		v ·	บังการ	.5	The second second
.VISe € employees € + DS + O o			6601-60-321		ÖH.
					CH.

requires that the death certificate be executed within 24 hours offe

corban popers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician bould be detacted for use as the burial-transit permit. Then please remove carbon papers. P

O HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or offending physicion

IMPORTANT: If them 21 is morked or them 18 flows ony injury, or ather troumotic event, the should be detached for use as the burial-transit permit. Then please remove corbanpape with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or remaval.

STATE	OF	MARYLAND	

1		FOR			DEPAR		EALTH AND MENTAL HYG	IENE	1 207	43 9	2 0	
۱		STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 4 REG. N	0. 5	0	3 /	
		EASED NAME	Coh	Ĕ	MANC	1	Hecht	May 16	MONTH DA	Y YEAR	5 HOUR	5 9 N
d	3. SEX	10	4	RACE		5. DATE C		6. AGE (A YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 H	HRS
ı	11	Male		Whi	tE_		22, 1914	69			146	
2	co	THPLACE (STATE OR FO DUNTRY) MARYLAND	OREIGN 7b.	CITIZEN OF V	VHAT COUNTRY	Y? 8. MARRIEI WIDOWE	NEVER MARRIED	9 BALTIMORE CITY	P COUNTY C	OF DEATH		MD
7	10 CITY	Y OR TOWN OF DEA	TH 11		OSPITAL, NURS	ING HOME C	ROTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS	OR
d	401	vre de loi	ACO	HA/	ford	Men	1. Hosp.	(RET) OWNER	y womano tare		RE STORE	
		RESIDENCE (IF NURSI	NG HOME OR OTH	HER INSTITUTION.	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d INSIDECITY LIMITS?	13e. STREET ADDRESS				
2	130. 31	MD	HARFOF		HAVRE de		YES NO	1006 SOUTH	ADAMS ST		21078	
2	II. FAT	HER'S NAME FIRST EMANUEL	MID	DDLE	LAST HECHT		15. MOTHER'S MAIDEN NAM FIRST FANNIE	ME MIDDLE		WEIS		
-	16a W/	AS DECEASED EVER	N U.S. ARME	D FORCES?	16b. SOCIAL SE	CURITY NO.	17 INFORMANT	ADDR	ESS	WEIG		
	(YE	YES	(IF YES, GIVE W	/AR OR DATES)	217 05 2	688	LAWRENCE E. HECH	HT SAME	AS #13e	* ANBOY	MATE INTERVAL	
		Conditions, if ony, gove rise to imm couse (o), stating underlying couse	nediote g the last	(b) DUE TO, OF	R AS A CONSEC	DUENCI OF	OF CLUBE NOT RELATED TO THE TERM	M UNTO	ADITION GIVE	NIN PART 10	ellel elle	
1	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20€ AUTOPSY?		WERE FINDI		>
1		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE					Ŋ
	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗀	21e. PLACE ((AT HOME, STR	OF INJURY IEET, FACTORY, OFFIC	CE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STAT	E
		22a.1 certify that (1) sow the decease above, (1) (we) (c	ed olive on	2	16 19	24.0	nd that in (my) (our) opinion of DEGREE	deoth occurred on the control of the	AFF _		shot (I) (we) causes state	
	23a. Bl	URIAL, CREMATION, SPECIFY) BURIAL		23b. DATE 18 MAY			220 ADDRESS EMETERY OR CREMATORY EIENDSHIP CEMETERY	23d. LOCATION CITY OF TOWN Y BALTIMORE (CITY,	COUNTY	YLAND STAT	TE

DHMH - 16 50M 4/82 (VRA 15, 4)

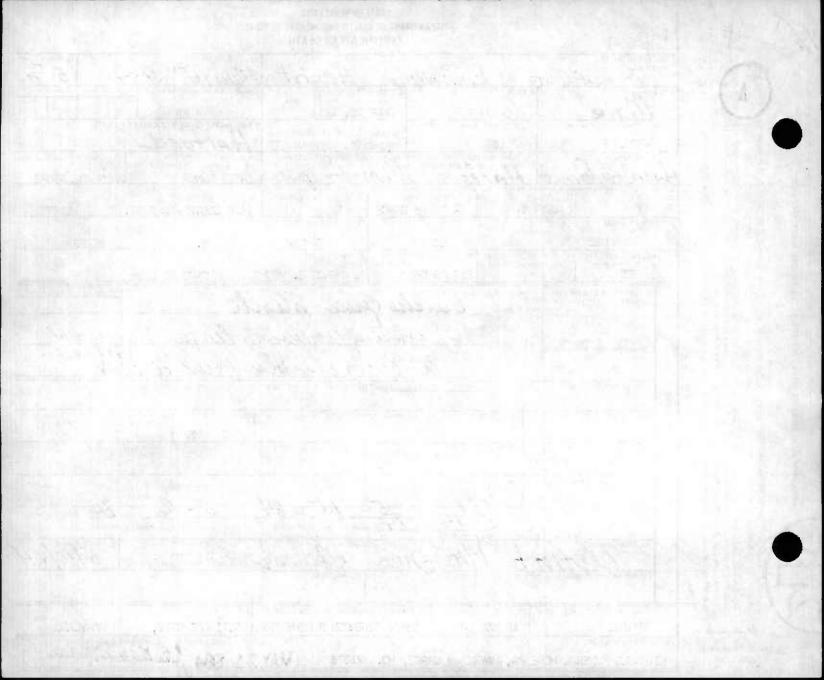
BP.

24 FUNERAL DIRECTOR

NAME
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

21078

REGISTRARISS. REGISTRAR'S SIGNATURE



FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT)

Female

To BIRTHPLACE (STATE OR

Fallston

no

EXAMINER'S NAME

24. FUNERAL DIRECTOR

230.BURIAL, CREMATION, REMOVAL 236. DATE (SPEBURIAL May

Maryland L. CITY OR TOWN OF DEATH

Maryland 14. FATHER'S NAME Elmer

3. SEX

Marqueri

Harfor

IMMEDIATE CAU

4. RACE

SUAL RESIDENCE HE IN NURSING HOME OR OTHER

160 WAS DECEASED EVER IN U.S. ARMED FO

CAUSE OF DEATH (Enter only one of PART I DEATH WAS CAUSED BY:

White

	ME		ENT OF H	OF MARYL EALTH AND R'S CERTI	MENTAL H		111	2 RF	G. NÖ.		9	0	
		WIDDLE		LAST			2a. DAT	E KNOV	/N R M	НТИО	DAY	YEAR	26. HOUR
eri	te	Bull		Hoffe	cker		OF	ESTI TH MATE		15/	/84	19	_ M
MON			AGE (IN YEAR LAST BIRTHDAY 84 YRS	MONTHS DAY		24 HRS.		ATE OUNCED AD		/15/	/84	YEAR	28:10 Pm
	USA	HAT COUNTI		MARRIED [NEVER MARRI DIVORC		111100		Count		Y OF D	EATH	MD.
(IF	NOT IN SUCH F	ACILITY, GIVE STRE	EET ADDRESS)	or other INST Hospita]		FOR	MOST OF V	CUPATION VORKING LIF		WORK		ID OF BU INDUSTI	
OTHER Y Or	_	13c. CITY C Bel			DE CITY LIMITS?	13e. STI	REET ADI		vary	Ro	oad	210	14
MIDDL	E	Bull	ST		THER'S MAIDE FIRST		E	MIDDLE				AST Trov	7
ED FC	DRCES?		al SECURITY		rnelia		. Mu		Ave 4	_B∈ 25	elA Ma	210 ir.N	14 Id
BY: CAU	SE (o) DUE TO, OI	e for (o), (b), (Arteric R AS A CONS	osclero EQUENCE OI		rdiovas	cula	ır Di	seas	e			PROXIMATE EEN ONSE	INTERVAL I AND DEATH
((c)												
ON I RIBL	ITING TO DEATH	H BUT NOT RELATE	O TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN PA	RT 1 (a).							
	19b. COND	ITION FOR W	HICH OPERA	TION WAS PERF	ORMED?						Par	utopsy tial ESX	NO 🗆
EATH	21b. TIME O HOUR A./ P./	M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURRE	D (ENTER	NATURE O	F INJURY IN I	TEM 18 PART	1 OR PA	RT 2)		
		OF INJURY CTORY, FARM, ETC		21f. LOCATION STREET			CITY OF	TOWN		COL	JNTY		STATE

Penn St., Balto., Md. 21201

ALINEGISTRAR'S SIGNATURE

Harford STATE Md

stForest

gove rise to immediate cause (a) stating the <u>under-lying cause last</u> .	(b)			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN II	N PART 1 (g).	
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		Partial YESX NO
210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM IS	B PART 1 OR PART 2)
21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
270 certify that I took charge of the death resulted fram: Notural cau	ne remoins describe RART I.A.L. uses X , Accident , Suic	de , Hamicide TITLE (SPECIFY	Undetermined monner	DATE SIGNED 5/17/84

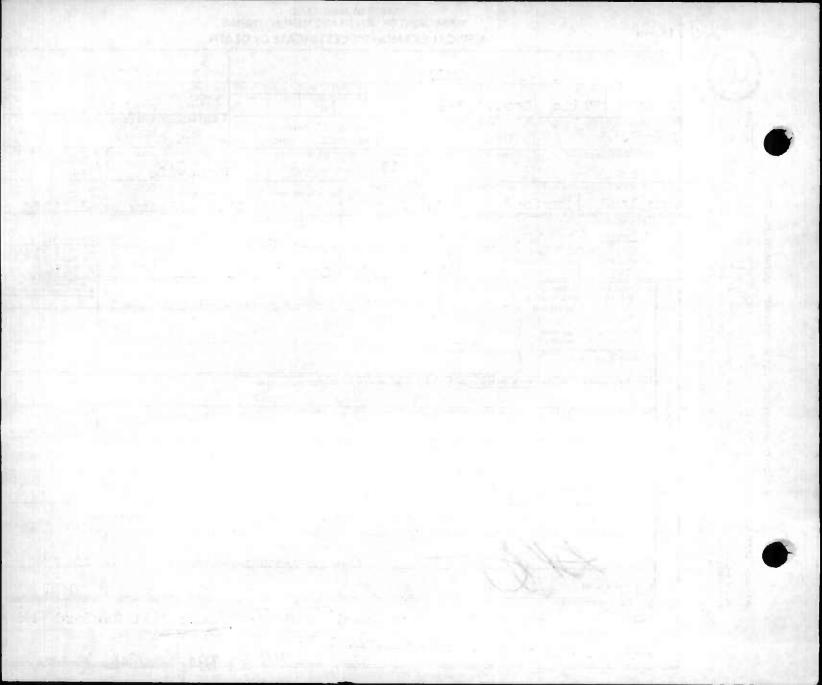
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Kauffman, M.D.

Howard K.McComas IIT; Abingdon, Md. 21009 To. DATE REC'D.

21,1984 Deer Creek Methodis

BP. DHMH - 17 (VR A15 ME (5)) 20M 4/B2



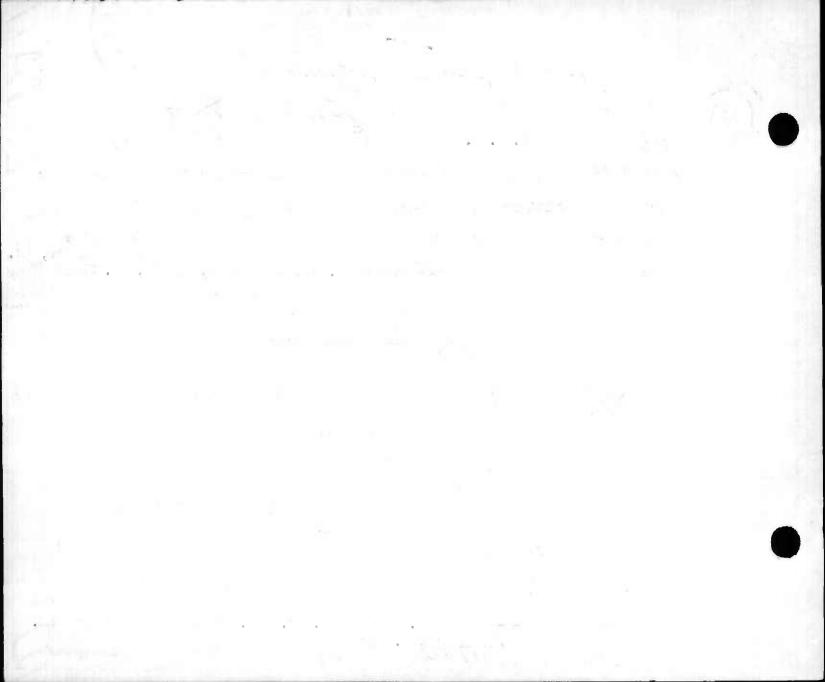
requires that the death certificate be executed within 24 hours ofter death. Page

	- S	OR TATE			DEP	ARTMENT OF	TE OF MARYLANI HEALTH AND MEI FICATE OF DEA	NTAL HYGI	ENE 8 4		3 3 9	
		EGISTRAR ASED NAME PRINT)	FIRST		LOU/S	-	HURLYN	//	2a DATE OF D	REG. NO.	DAY YEAR	26 HOUR
1	FEM	ALE		RACE		NOM 10	OF BIRTH	VE 0 2	6. AGE (IN YEAR	77 YR		IF UNIOER 24 HRS HOURS MIN.
35	76. BIRTH	PLACE ISTATE OF	1	J. S.		MARRI	ED DNO	RCED 🔲	HARFO		JUNTY	MD.
1		OR TOWN OF DEA	TH F	NAME OF	HOSPITAL, NI	URSING HOME STREET ANDRESS!	OR OTHER INSTITU	TAL	TYPE OF WORK FO	CUPATION OR MOST OF WORKING WIFE	G LIFE) INDUSTRY HOME 1	BUSINESS OR maker
36	USUAL P 130. STA		NG HOW OR OTH THE COUNTY Buti		134 CITY OR	BEFORE ADMISSION TOWN		LIMITS?	13e STREET AD	DRESS / ZIP CO	of AFRI	EOAD3
30		ER'S NAME FIRST Leonard	MIDS	ole La	udenkî.	os	15. MOTHER'S M	alden nam		AFOOLE	Schuessi	
Tredicol		S DECEASED EVER NO OR UNKNOWN)	IN U.S. ARME!			SECURITY NO.	6 Mr. WE	lter	Hurline		15 Sweet	
r other troumotic event, th		CAUSE OF DEAT PART I. DEATH W 250 Conditions, if ony, gove rise to immove (o), stofin anderlying couse	AS CAUSED B IMMEDIATE C which nediate g the	Y: CAUSE (o) DUE TO, C	Car	SEQUENCY OF	-Acid	ny lsis	Aust		SU SU	MATE NITERVAL INSET AND DEATH
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18 shows o	CERTIFIC	O, ACCIDENT WAS UNE	DERLYING	21b. TIME (July Wenter	_		10	RTIFYING CAUSES (YES TE PART OR PART 2)	OF DEATH?
ked or Item	21	CIFEITHER NOTIFY MEDING	RED		OF INJURY	FFICE FARM ETC)	211 LOCATION STREET		(TITY OR TOWN	COUNTY	STATE
f: If Item 21 is mo		sow the decease obove, (I) (we)	olive on	59	he deceased to the deceased to	6/1	DEGREE	19 8 5 ur) opinion d ENDING YSICIAN	MEDICAL	STAFF PHYSICIAN	hour and from the c	
MPORTANT	22	NA PHYSICIAN'S NA	477 N	M	ANCE		22e ADDRESS	1 3	el Ani	fd	BUAN	HJ
	(SPE	Burial		236. DATE 6-2-19		St. Joh	ns Luth.	Ch. C		nheim	Baltimor	
4/83	24 FUN	ERAL DIFECTIOR	ah !	= Kir	175	e, Md. 2	1087	25a. PATE	REC'D. BY REC	ISTRAR 25b. REC	SISTRAR'S SIGNATI	andell

DHMH - 16 50M 4/1 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.



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	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AND
- STATE	CEDTIFICATE OF

LAND MENTAL HYGIENE

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REG. NO.		-		
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	REGISTRAR				CEKTIF	ICAIE OF DEATH	REG. NO	. 0	0 7	Ca
	CEASED NAME	FIRST	1	AIDDLE	· ·	AST	2a DATE OF DEATH	HTMOM	DAY YEAR	26. HOUR 74.
(TYPI	E OR PRINT)	Genes	ter	MWN	To	ines		5-	3-84	5 AM
3. SE	Х		RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
	FEMALE		BLACK		MAY	13, 1908	75	YRS.	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE C	R FOREIGN 76	CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	ARKANSAS		USA		WIDOWE		Harford			MD.
10 C	ITY OR TOWN OF D	EATH 1			SING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON		F BUSINESS OR
Ha	vre. de. G	race	Harfer	HEACILITY, GIVE STR		loon; bal	HOMEMAKER	F WORKING L	IFE) INDUSTRY	
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15.00	MD.	HARFOR		13t. CITY OR TO ABERDEEN		YES X NO T	13e STREET ADDRESS /		Œ	21001
-	ATHER'S NAME	HARLOR	U	ADERUCEI	V	15. MOTHER'S MAIDEN NA	639 PLATER S	INCLI		21001
17.17	FIRST	MI	3100	LAST		FIRST	MIDDLE		LAS	
	ADAM			REAL		OLLIE	ADDRE		THORN	ON
	WAS DECEASED EVE YES, NO OR UNKNOWN)		ED FORCES? VAR OR DATES)	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDRE	22		
	NO			241 34 2	2561	JOHN C. JONES	SAME AS #13e	12		
	18. CAUSE OF DEA	ATH (Enter only	one couse per	line for Jay (b).	and A. I L	A 22.1.	//		APPROX BETWEEN	MATÉ INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED IMMEDIATE		11110	1/0/	No/ My	coura,			
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	Conditions, if or	y which	LUCE IO. OF	11/1	36	7712				
	gove rise to in		16)	NA		1		CIELL		
	underlying cou	-	DUE 10, O	R'AS A CONSEC	JUENCE OF					
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CERTIFICATION	19a DATE OF OPER	PATION	196. COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		ES, WERE FINDIN	
F							YES NO NO		IFYING CAUSES	OF DEATH?
ERT	21a. ACCIDENT WAS U	INDERLYING	21b. TIME O	FINJURY		21c HOW INJURY OCCUR				
	OR CONTRIBUTING		110110 4	M. MONTH	DAY YEAR		TED TENTER MAIORE OF THOSE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
MEDICAL	(IF EITHER, NOTIFY ME		P.		19	211. LOCATION				
WED	WHILE D NOT		(AT HOME, STE	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
		WHILE U						9.16		
	220.1 certify that		l) ottended th	e deceased fro		, 19	, to			that (II (we) last
	saw the decer above, (I) (we	osed olive on_ (did) (did not)	view the bady	ofter death.	. 01	nd that in (my) (our) opinion	death occurred on the do	ite and ha	our and from the	conses stoted
	22h. SIGNATUR	1	1	DEPA.		DEGREE	1	4 - 1 -	272.0379	ACHED
	1	1) M	X 01		/	ATTENDING PHYSICIAN	MEDICAL STAF		17	404
	224 PHYSICIANT	NAME OF ON	and f		-	22 ADDRESS	1 10	4	1	1
	M	, 1	200			1/11/02/11	101 / //n.	ula	/	
73-	BURIAL, CREMATION	N REMOVAL	23b. DATE	12	3r NAME OF C	EMETERY OR CREMATORY	23d LOCATION	NE		
2.36.	(SPECKY) BURIAL	N. REMINISTRAL	7MAY84			L CEMETERY	CITY OR TOWN	CE 11/	COUNTY	ADVI AND
	DOLITAL		/14/104	,	HAGEE HILL	L OUPLIENT	HAVRE de GRA	ice, m	HRI UKU, MI	ANTLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and teashould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The low retained by the hospital or ottending physician.

ony injury, or other troumotic event, 14

IMPORTANT: If Hem 21 is marked a limited up is

74 FUNERAL DIRECTOR MITCHELL FUNERAL HOME, PA HAVRE de GRACE, MD.

7 1984 July Davidson Andres

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REG. NO	D			

FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE B 4 REG. N	3	8 9	3
I. DECEASED NAME FIRST		MIDDLE	· ·	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
(TYPE OR PRINT)	agret	Alice.	ki	nav		5 2	4 84	1 5A M
3. SEX	4. RACE	1,1,00	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BE		F UNDER 1 YEAR	IF UNDER 24 HRS
Female	Whit	te	Marc	/ = 0 = -	89	YRS.	NONTHS DAYS	HOURS MIN.
O. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
l'ennessee	USA	1	WIDOWE		Harfo	bro	1.50	MD.
O. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
Haure de Grace	Harford	memoria.	1 1 1	exital	Homemaker		INDUSTRI	
JUAL RESIDENCE (IF NURSING HOMI 136, STATE 136 CC	OR OTHER INSTITUTION.		ADMISSION)	13d. INSIDE CITY LIMITS? YES TO O	13e STREET ADDRESS 89 Norman	/ ZIP CODE	/21001	
4. FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME MIDDLE		LAS	
Matthew	Mark	East	er	Mary	Jane		Lin	
60 WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		03.003
(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	220-22-0	050	Joseph M. Kij	ng,89 Norma	n Ave.	Aberd	21001 een,MD
18. CAUSE OF DEATH LEnter PART I. DEATH WAS CAU 4370 IMMED Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost.	DISED BY: PLATE CAUSE (0) DUE TO, O (b)	RAS A CONSEQUE	ste evel	m-hemour	hoge		7 · > 3	IMATE INTERVAL ONSET AND DEATH LLYZ.
PART 2. OTHER SIGNIFICAN J. W. H. 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	vintest	ned be	leed	NOT RELATED TO THE TERM M N N PERFORMED	INAL DISEASE OR CON	20b. IF YES.	, WERE FINDIN	NGS USED
					YES NO		YING CAUSES	NO [
	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM TS PA	ART I OR PART 2}	E WIT
OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC]	21f. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
22a. I certify that (I) (this he sow the deceased alive above, (I) (mate) decided	on MAY	24 19	MA 84.01	X 22, 19 8 9 and that in (my) (opinion o	death occurred on the d	late and hour		that (I) (lost couses stated
226. SIGNATURE	lunha	er 2	MIT	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	SIGNED 24-84

BP.

retained by the hospital

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove corbonappers. Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, th

MPORTANT: If Hem 21 is marked or Item 18 shows

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY

22e. ADDRESS

Harford Memorial Gdns Aberdeen, Harford, Maryland

250. DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNATURE

MAY 2 8 1984 Julia Javidson Mindale May 26,1984 24. FUNERAL DIRECTOR

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399

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20M 4/82

STATE OF MARYLAND

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TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

attending physician.

etained by the haspital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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MPORTANT: If Hem 21 is marked or Hem 18 shows any

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1	FOR		DEPARTA		EALTH AND MENTAL HYG	LENE	- 1	13 3	3 9	5
	STATE REGISTRAR			CERTIF	ICATE OF DEATH	3	REG. NO.	•		day.
I. DE	CEASED NAME FIRST		MIDDLE	i.	AST	20. DATE OF		ONTH DA	Y YEAR	26. HOUR
(TYPE	Charles	e Fid	lmund	Ku	rtz	5	1101	84		12:358
3. SE		4. RACE	illalla	5. DATE C		6. AGE INYE	ARS LAST BIRTH!	DAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
J. JE.	^			MONTH	DAY YEAR				ONTHS DAYS	HOURS MIN.
-	lale	Caucas		May	10, 1919	65		YRS.	FOFATU	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMOR		COUNTYC	HUEATH	
Ja	rrettsville	U.S.	Α.	WIDOWE			rford			MD.
10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL O			12b. KIND OF	F BUSINESS OR
F	Fallston	200 0 0 1	on Gen.		pital	Morti	cian		Fune:	ral
	AL RESIDENCE (IF NURSING HOME OF			ADMISSION)	134 INSIDE CITY LIMITS?	13e. STREET A	DDBESS		2108	4
130.		ford	Jarrett	svil	LAB U NO LA		Bald	win l	Mill	Rd.
14. F.A	ATHER'S NAME				15. MOTHER'S MAIDEN NA					
Ma	ertin Gla	dden	Kurtz		Marv	Ade	MIDDLE		He	99
4.00	AP A = 24	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	Auc	ADDRES:	5	110	00
		W TT	217-20-	11775	T+b- T	T V	a+ -	aama	000	horro
		17			Irentha l	H. Kur	62	same	40.0	MATE INTERVAL
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per ED BY:	line for (a), (b), and	112A	on HEMOUNA	TACK			post-fig.	DINSET AND DEATH
		TE CAUSE (0)	7.01.04		140					3177
	7272	DUE TO, O	R AS A CONSEQUE							
	Canditions, if any, which	(lb)_	HYPERTA	5 25-					-	
	gove rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF						
	underlying cause last.	(c)_	ASEVE							
	PART 2. OTHER SIGNIFICANT	CANDITIONS CO	ONTRIBUTING TO	DEATH BUT				TION GIVEN	IN PART 110	15
ON	Peripher.	nd vas	wher de	sem	-copp - P	bronch	ixs			
CAT	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO			WERE FINDIN	
TE						YES 🗌	NOT	YES		NO 🗆
CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME C		45.15	21c HOW INJURY OCCURE	RED (ENTER NAT	URE OF INJURY	IN ITEM 18 PAR	T I OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE	AIN	M. MONTH DA	AY YEAR						
MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION		CITY OR TOWN		COUNTY	STATE
M	WHILE NOT WHILE D	(AT HOME, ST	REET, FACTORY OFFICE, F	ARM, ETC.)	STREET		CITY OR TOWN	4	COUNTY	STATE
	22s I certify that (I) (this hosp	oital) attended th	e decensed from		5. 7 10 84	to	5	10 10	84	that (I) (we) last
	saw the deceased alive a	5.	10 19	84 :01	nd that in (my) (aur) opinion (death accurred	on the date	and hour o		
	obave, (I) (we) (did) (did n 22b. SIGNATURE	at) view the bady	after death.		DEGREE		-		22c DATE	SIGNED
	0 1<	hrovoled	· M	PA	ATTENDING	MEDICAL	STAFF			0.84
-	224 PHYSICIAN'S NAME LIVE		77 ~ 0) 71	PHYSICIAN D	DIRECTOR	_ PHYSICIA	W []	1 9 1	07
		ROVOLI	- 1 4		1716 HARFOI	10 01	ELI	1 00000	i lid.	21045
	7, 1	MONOF!	215		1119 ANKLO	FD Ka	TALL	T210W	, had,	-107/.

BP.

DHMH - 16 50M 4/82 (VRA 15, 4)

238. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 5/12/84

23c. NAME OF CEMETERY OR CREMATORY Jarrettsville Cem.

23d LOCATION
CITYOR TOWN
Jarrettsvill ttsville Harford Md.

Burial

74 FUNERAL DIRECTOR
NAME
Benjamin W. Kurtz Jarrettsville, Md.

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2	a.	3. SE	X		4. RACE		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST B
1	100	1	Female		Whit	e	MONTH	05 YEAR	67
1	11/26		RTHPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIET	NEVER MARRIED	9 BALTIMORE CITY
worth	1220		Maryland		USA	-	WIDOWE	D DIVORCED	Baltimo
1	11 10	10. C	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		R OTHER INSTITUTION	120. USUAL OCCUPA
102	100	-	Fallston	0	Fall	ston Gene	eral H	ospital	Homemaker
) 2120 hours	200	13o. S	AL RESIDENCE (IF NURS	136. COUP		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS
AN E	100		aryland	Harf	ord	Belair		YES NO	222 Timbe
MARYLAND	and 2 s) FA	Edward		WIDDLE	alshe		15 MOTHER'S MAIDEN N	Beatrice
	37037		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDI
BALTIMORE	Pog /	- (YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	213-09-8	3649 A	William Le	onhardt sa
LRECORDS, 201 W. PRESTON ST., B.	has been signed by the attending planting. Then please remove carbong preserved to the preserve to burial, cremation, ar remote the annihilary, or other traumatic eve	CERTIFICATION	Conditions, if ony gove rise to imm couse (o), stolir underlying couse PART 2 OTHER SIGI	, which mediate ng the last.	DUE TO, O		PEATH BUT	T Careine Typercal NOT RELATED TO THE TER	200 AUTOPSY?
SION OF VITAL PHYSICIAN: The	g physiciar ertificate h	_	218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DE	A10		AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ
	arrenain frer this c as the bur h and M	MEDICAL	21d. INJURY OCCUR	HILE 🗍		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR T
DIVI	TOR: Alfar use of Healt		220.1 certify that (1) saw the deceas above. (1) (we) (ed olive or		-15- 198	feb,	d that in (my) (our) opinion	n death occurred on the
TAL OR A	Y the has RAL DIREC detached are Dept. VI. If them		226. SIGNATURE	Jhol	i Mal	4	M.I	ATTENDING PHYSICIAN	MEDICAL STA
HOSPIT	FUNER build be the Str		22d PHYSICIAN'S N	AME INVE	1A 170	R,M	D	1305 Falls	for Rd , A

23b. DATE

5-18-1984

Ruck Towson Funeral Home, Inc. Towson, Maryland

MIDDLE

BEATRICE

FOR

- STATE

(TYPE OR PRINT)

1. DECEASED NAME

REGISTRAR

FIRST

STATE OF MARYLAND

LEONHARDT

Druid Ridge

eonhard

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20. DATE OF DEATH MONTH 26. HOUR 84 IRTHD#91 IF UNDER I YEAR IF UNDER 24 HRS OR COUNTY OF DEATH re County MD. 12b. KIND OF BUSINESS OR INDUSTRY OF WORKING LIFE er Trail 21014 Patton me as 13 e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NDITION GIVEN IN PART 10 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO T URY IN ITEM TS PART I OR PART 2) COUNTY STATE that (I) (we) lost date and hour and from the causes stated 22c. DATE SIGNED ICIAN [23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Pikesville Maryland 1050 York Road 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

222 Millor Trail 100 Tax Text the delice of the said of the said of the Jet was NIV it will A dry Jord VA 42 SHILL

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STATE OF MARYLAND

1	2	52	4
REG. NO.	U	64	

1 - STATE			DEPARIM		ICATE OF DEATH	8 4	1	3	8 9	1
I. DECEASED		M	IDDLE		AST	I 20 DATE OF	REG. NO		DAY YEAR	2b. HOUR
(TYPE OR PRINT					1 11.			Jan.	1 1984	50
3. SEX	171110	4. RACE	Viola	S. DATE C	HIII CV	6 AGE INY		VIV.	IF UNDER I YEAR	IF UNDER 24 HRS
Aut	1	1. RACE		MONTH			EMAJ EMJI DIMII		MONTHS DAYS	HOURS MIN.
	MAL	whil	~	Aug.	30, 1902	81		YRS		
70. BIRTHPLA	CE (STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY OF	COUNTY	OF DEATH	
Magnol	ia, Md.	USA		WIDOWE	DIVORCED	1		4	nrord	MD
10. CITY OR T	OWN OF DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL				F BUSINESS OR
Harre	Le Grace	Hunt	ord Me	Horn	nh Hosp		ewife	WORKING (IF)	INDUSTRI	
130 STATE	DENCE (IE NURSING HOME OR 13b. COUN		13c. CHY OR TOWN		13d. INSIDE CITY LIMITS? YES NO 🛣	13e STREET A		ZIP CODE	0 /6	21014
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		njamin	Oakley		Laura		Jane		Gro	use
	CEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17. INFORMANT		ADDRE:	ss Be1	Air, Md	.21014
(YES, NO O	R UNKNOWN) (IE YES, GIVE	E WAR OR DATES)	218-22-07	737	Charles J. I	illev.	1504	Westy	view Co	urt
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4 190 DA	TE OF OPERATION	19b. CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO	OPSY?		WERE FINDIN	
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0 1	CODENT WAS UNDERLYING THE NAME OF DEA		A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 P.	ART I OR PART 2)	
WHITE AT WOR		21e. PLACE C	OF INJURY EET, FACTORY, OEFICE, FA	RM, ETC)	711 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
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	GNATURÉ	1	1		DEGREE				TLEPTE	SIGNED

PHYSICIAN

STAFF PHYSICIAN

Mt.Zion Cemetery

23d LOCATION
CITY OF TOWN
Bel Air Harford

Md.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in shauld be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be

IMPORTANT: If Item 21 is morked or Item 18 shows ony

should be detached for use with the State Dept. of Heal

236. BURIAL, CREM.
(SPECIEV)
Burial
PIRECTO Howard K. McComas III, Abingdon, Md. 21009

May 4,1984

236. DATE

250 DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNAL AND DATE OF THE PROPERTY O

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STATE OF MARYLAND

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EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	පි

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	FOR STATE REGISTRAR	DEPAR	CERTIFICATE OF DEAT		3 8 9 8
L	DECEASED NAME FIRST (TYPE OR PRINT) EM	ory Workey	LAST LONG 15. DATE OF BIRTA		NTH DAY YEAR 26 HOUR Y 20 1984 4 7 M AV 16 UNDER 1 YEAR 16 UNDER 10 HRS
Ţ	Male	white	GCT. Q. 19.	32 50	MONTHS DAYS HOURS MIN.
7	O. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIE WIDOWED DIVORCE		Hartord MD
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ľ	JSUAL RESIDENCE (IF NURSING HOME OF 30. STATE 136 COU	INTY 130 CITY OR TO	VIIIC YES NO	\$ 10 Box	IP CODE 2/028
1	4 FATHER'S NAME FIRST LWEY	MIDDLE LAND	15. MOTHER'S MAID	MIDDLE	Saunclers
-	60 WAS DECEASED EVER IN U.S. A [YES NO OR UNKNOWN] (IF YES, G	RMED FORCES? IVE WAR OR DATES)	CURITY NO. RINFORMANT	rdan 2220 Castleson	Rd. Jarlington, Md.
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF THE CONTRACT OF	CUENCE OF JOSEPH ON ONE OF A JOSEPH ON ONE OF A JOSEPH ON ONE OF A JOSEPH ONE		IGN GIVEN IN PART 110 US. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETIMER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED WHILE NOT WHILE	EATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN	NITEM 18 PART I OR PART 2)
	220.1 certify that (1) (this hosp saw the deceased alive a	(the bady after death.	DEGREE ATTEN		1984, that (I) (we) last and have and from the causes stated 22c. DATE SIGNED No May 28, 84. Have de Group, M
	36 BURIAL, CREMATION, REMOVA (SPI) 4. FUNERAL DIRECTOR AMAGE 4. FUNERAL DIRECTOR	Nay 23, 1984	AKER CANCELLY	250 DATE REC'D BY REGISTRARIST	Harfound MD. REGISTRAP'S SIGNATURE S. REGISTRAP'S SIGNATURE S.

DHMH - 16 50M 4/83 (VRA 15, 4)

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TO HOSPITAL OF ATTENDING PHYSICIAN. The retroined by the hospital or otherding physician

TO FLINERAL DIRECTOR. After the certificate has been agained by the attending physicion and completely filled in by the should be detached for use as the build-transit permit. Then please conbongages. Pages 1 and 2 should be filled with the State Degs, of Health and Mental Hygiene prior to build, cremation, or remayol.

injury, or other traumatic event, the

with the State Dept. or marked or them 15 shows any IMPORTANT. If hem 21 is marked or them 15 shows any

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IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate line

retained by the hospital or attending physician.

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1. DECEASE					CERTIF	ICATE OF DEATH	REG. N	D.		
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-	KA	chel)AriaN		Lord	MA	45,1	984	10:31
3. SEX		4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MON	NDER I YEAR	HOURS 1
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7a. BIRTHPL	ACE (STATE OR F	OREIGN 7b.	CITIZEN OF V	VHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	sylvania		US		WIDOWE		HAR	ford		150
10 CITY OR	TOWN OF DEA	тн 111		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND O INDUSTRY	F BUSINES
Haure	de Ge	ace	Harfo	ind Mer	moria	1 Hospital	Organist		Chur	ches
USUAL RES 130. STATE		ING HOME OR OTH		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
Maryla	and	Harfor	d	Aberdeei	D .	YES 🔣 NO 🗌	321 Robert		21001	
14. FATHER'S	S NAME FIRST	MID	DLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	1
Wil	lliam			Cox		Mary	Ann		Han	cock
	CEASED EVER	IN U.S. ARME		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
NC		(IF 1ES, GIVE W	AR OR DATES)	140-26-5:	129	Mary L. Hoffi	an, 321 Rob	erts Wa	y, Abe:	rdeen
18. CA	USE OF DEATH	H (Enter only o	one cause per	line for all by aff	d (C'.)	0 -			APPROXI BETWEEN	MATE INTERV
. P/	ART I. DE ATH W.	AS CAUSED B	BY:	raca	nes	1				
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DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and complantly lisshould be detached for use as the burial transit permit. Then please remove corbon popul. Fages | and 2 show with the State Dept. of Health and Mental Higiene prior to burial, cremation, or removal.

(VRA 15, 4)

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1 - FOR STATE REGISTRAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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EG. NO.				

1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST	WIDDLE	1 1	AST	20. DATE OF DEATH	MONTH DAY	YEAR 21	HOUR 10	_
		John	Wesley	6	DWMAN	MAY	11, 1984		110	M
	3. SEX	1	RACE	5. DATE C		6. AGE (IN YEARS LA BIR	THDAY] IF UND		FUNDER 24 HRS	
'n			w	1/2	2 (19.12		YRS.			
9		RTHPLACE (STATE OR FOREIGN 71	b. CITIZEN OF WHAT COUNTRY	MARRIE WIDOWE	DIVORCED D	9. BALTIMORE CITY C	1	EATH	M	0
1	10. CT	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	ING HOME O		THUCK PORT	ON 121	DUSTRY	BUSINESS OF	R
5	USUA 13a. S	AL RESIDENCE (IF NURSING HOME OR O TATE 13b. COUNT		RE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X	130. STREET ADDRESS		1014	Act	,
2	14. FA	THER'S NAME Thomas XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	IDDLE Andrew Lown	nan	15. MOTHER'S MAIDEN NAM Sarah	MIDDLE	BUXX	LAST F	Βυπαελ	_
		110 0000110000 0 0101111111111111111111	WAR OR DATES) 16b. SOCIAL SEC	175971	17. INFORMAN DOWGYS	J. Lownan	Aberdeen	tis St	21001	
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED		ind (c)		1		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH	_
		1090 IMMEDIATE		(1	rcino ma	10511				_
		18/0	DUE TO, OR AS A CONSEQU	UENCE OF	. H Ke	de	P 10-17			
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	UENCE OF		7		2 11		
	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(o		=
1	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	Z00 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF		
		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	R PART 2)		-
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC }	211. LOCATION STREET	CITY OR TO	wn co	OUNTY	STATE	Ī
		220.1 certify that (I) (this haspital saw the deceased alive an above (I)			, 19, 19, 19, 19	to			ot (I) (we) la	it
,		22b SIGNATURE	Eleus	1	ATTENDING PHYSICIAN	MEDICAL STA	FF _	3-//	GNED /	
		27d PHYSICIAN'S NAME (TYPE ORA	Renjet		464 all	lauce si	- (fa	uso	whe	_
	230. B	URIAL, CREMATION, REMOVAL SPECIFY) Burial	May 14,1984 Be	NAME OF C	EMETERY OR CREMATORY Memorial Gard	lens, Bel A	ir Hart	ord	Md. STATE	

DHMH - 16 50M 4/82 (VRA 15, 4) 24 FUNERAL DIRECTOR Howard K. McComas III, Abingdom, Md. 21009

St. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

N 1 4 1984 Julia Savidson Randall

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	O HOSPITAL OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page # etained by the haspital ar attending physician.	10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directive programmers and 2 should be filled within 72 hours are a should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled within 72 hours are at
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medical exam

	1 -	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	901
		EASED NAME FIRST	E GERMANE	E MACKENZIE	20 DATE OF DEATH MONTH D	7 84 1035 AM
	3. SEX	EMALE	1. RACE HITE	5. DATE OF BIRTH	67 YRS M	FUNDER 1 YEAR 1FUNDER 24 HRS
2	7a. BIR	PUNTRY HAMP.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	HALFOLD COUNTY	ry MD
K	FA	165TON	FILLS FON GEN	NG HOME OR OTHER INSTITUTION APPRICAL HOSPITAL	12a USUAL OCCUPATION (1 Helps work for most of working life	12b. KIND OF BUSINESS OR INDUSTRY
5	13a. S		OTHER INSTITUTION GIVE RESIDENCE BEFOR	TON YES NO A	13 VSTREET ADDRESS / ZIP GODS	58 RD TO BOH
0	14 FA	THER'S NAME FIRST X	MIDDLE LABTIC	15 MOTHER'S MAIDEN NA	ME Be MODIE	Larois
		(AS DECEASED EVER IN U.S. ARA ES, NO OR HUKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECULOR (1887) 1881	3409 KENNETH MAC	KENZIE POBOXIGA	DARLINGTON N
		PART I. DE ATH WAS CAUSED	ly one couse per line for (a), (b), and BY: E CAUSE (a)	Intravasmar	Gognopathy with	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which	DUE TO, OR AS A GONSEQUE	ENCE OF CENLY of	Breast	10 VIS
		couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF		
	NOIL	TYP	er cal cumula	DEATH BUT NOT RELATED TO THE TERM	MALG	
X	CERTIFICATION	HI DATE OF OPERATION?	Chokeystitus, C	Cholldocholith13515	YES NOW YES	, WERE FINDINGS USED YING CAUSES OF DEATH? NO
ã	8	21a. ACEIDENT VIAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUR	RED {ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)

LIVET FELLNYP PARFORMED WHICH OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [YES | 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING _ CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN

NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from saw the deceased alive on abave, (1) (we) (did) (did not) view the body and that in [my] (aur) apinion death accurred an the date and haur and from the causes stated

(AT HOME STREET FACTORY OFFICE, FARM ETC.)

22c. DATE SIGNED DEGREE ATTENDING MEDICAL STAFF PHYSICIAN

22e ADDRESS

230 BURIAL, CREMATION, REMOVAL CSPECIFY) 23b. DATE

23, NAME OF CEMETERY OR CREMATORY

nna 25a DATE REC'D.

DHMH - 16 50M 4/83

should be detached for use as the burial-transit permit. Then please remave count the State Dept. of Health and Mental Hygiene prior to burial, cremation,

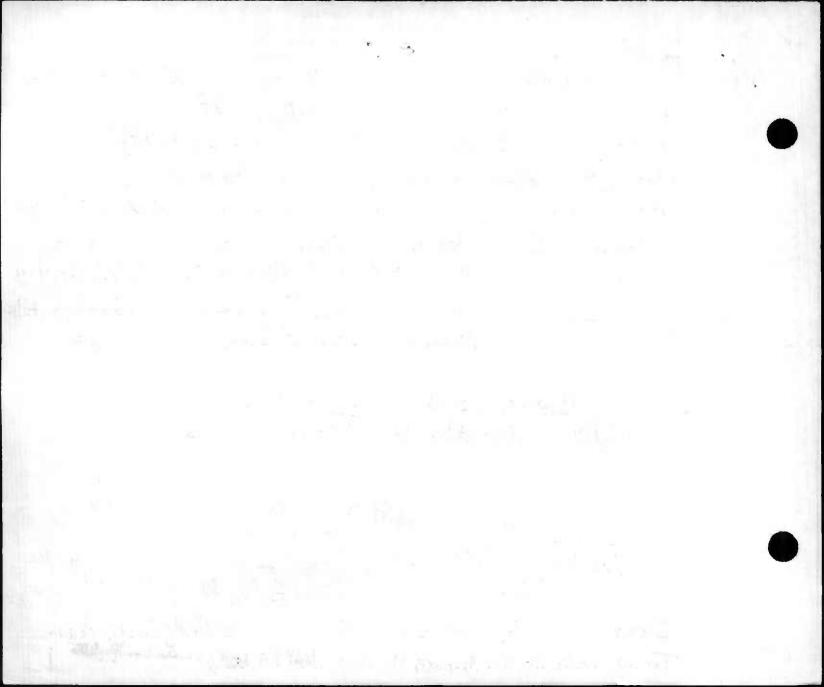
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IMPORTANT: If Item 21 is marked or Item

MEDICAL

24 FUNERAL DIRECTOR

(VRA 15, 4)



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		REGISTRAR				CER	TIFICATE C	FDEATH	0 .	REG. NO.			
		CEASED NAME	FIRST		AIDDLE /	4/	LAST		20. DATE O		- 1	YEAR	26. HOUR
		ORPRINT CHA			NICT	//χ	40/			05	, ,	-1	M
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5	10. CI	Y OR TOWN OF DEAT	н 1	1. NAME OF H			WED THER	DIVORCED _	, ,	OCCUPATION		12b. KIND O	MD.
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0	N		al tim	nore	HYUK	SWN	YES	NO TO	1312	ADDRESS / ZI	TOM	RO	40
12	A FA	THER'S NAME		DDLE	_ LAST			ER'S MAIDEN N	AME	MIDDLE			
20	/	Henry			Mast	,		lartha		,		Deets	
6	160 W	AS DECEASED EVER IN			166 SOCIALS		D. 17 INFO	MANT	T West	ADDRESS	1312	21 Bot	tom Rd.
1	n	0			21301	5811	Mrs	Daisy	L.Mast,	Hydes,	Md.	21.082	
		18. CAUSE OF DEATH PART I, DEATH WA	(Enter only	one couse per	line for (o), (b)	and ici		1.6	A Da	0		BETWEEN	MATE INTERVAL ONSET AND DEATH
				CAUSE (a)	do	- 3 Ch	enu	Tra	20 10	ren		1ge	0
		414		DUE TO, OR	AS A CONS	QUENCE O	1/1					in	4.
		Conditions, if ony, gove rise to imme	diote	(p)_	/<	100	VI		4 7	50		0	<u> </u>
		cause (a), stating underlying cause		DUE TO, OF	RAS A CONSE	Shell de lo	7	- Men	who he	elue		y	
		PART 2 OTHER SIGNI	FICANTICO	ONDITIONS CO	NTRIBUTING	TO DEATH E	BUT NOT RELA	TED TO THE TER	MINAL DUEAS	E OR CONDITI	ON GIVEN	IN PART NO	
,	NO.				~								
1	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WH	ICH OPERA	TION WAS PE	RFORMED	200 AUTO	OPSY? 20		VERE FINDIN	
7	RTIFI								YES 🗌	NOIN	YES [NO
A		210. ACCIDENT WAS UNDE		216. TIME OF HOUR A./	F INJURY M. <u>MONTH</u>	DAY YE	AR 21c HOV	V INJURY OCCU	RRED (ENTER NA	LTURE OF INURY IN	ITEM 18 PART	1 OR PART 2)	
7	MEDICAL	(IF EITHER NOTIFY MEDICA	LEXAMINER)	P./		1	9	ATION					
	MED	214 INJURY OCCURR	M	21e PLACE C	DE INJURY EET, FACTORY OFF	ICE FARM ETC	21f LOC	REET		CITY OR TOWN		COUNTY	STATE
		AT WORK	171	1) - 11				19	4-				that (I) (we) lost
		220.1 certify that (1) (1 saw the deceased	olive on_				, and that in (my) (our) opinior	, to n deoth occurre	d on the dote o			
		obove, (11 (we) (die	d) (did not)	view the body	after death.		DEGREE			_	_	774 DATE	SIGNED)
		1	Ala	21	1	/	(Cul)	ATTENDING PHYSICIAN	MEDICAL	STAFF	1 🗆	5/1	6/14
T		224 PHYSICIAN'S NAM			1	-	22e ADD	RESS	1			72.75	1/2/
			VA	335/3	7	-		KOCK	Spring		rest	ولللت	Md _e /
	230 B	URIAL, CREMATION, RI	EMOVAL	236. DATE	1			Gardens	234 LOCA	ATION ORTOWN Ha	rford	OUNTY	Md. STATE

MAY FE D BY SEGSTRANTSWREGGERANTS SIGNAURICA

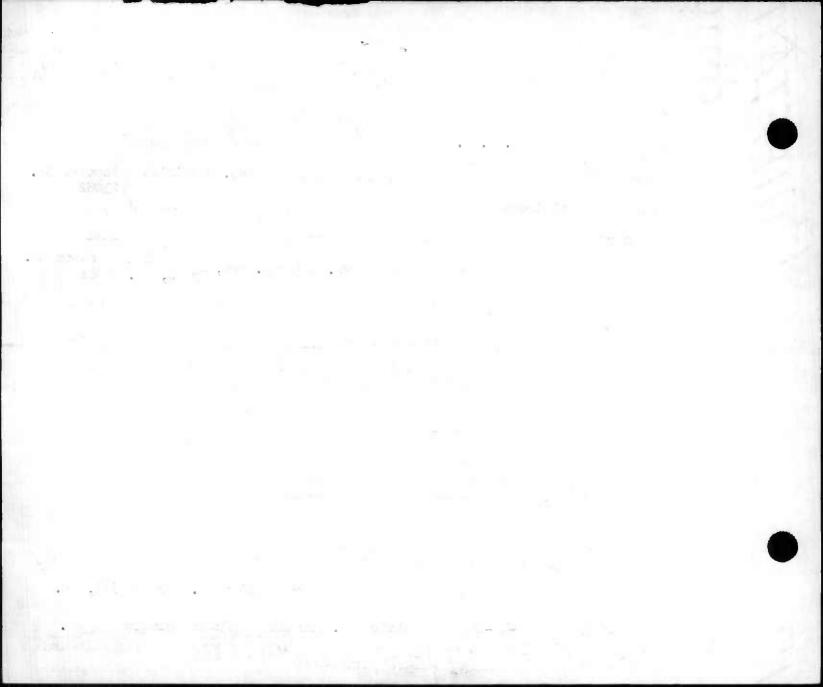
DHMH - 16 50M 4/83 (VRA 15, 4) 24 FUNERAL DIRECTOR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physican and should be detoched for use as the buriol-transit permit. Then please remove cortien appear. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic errent.

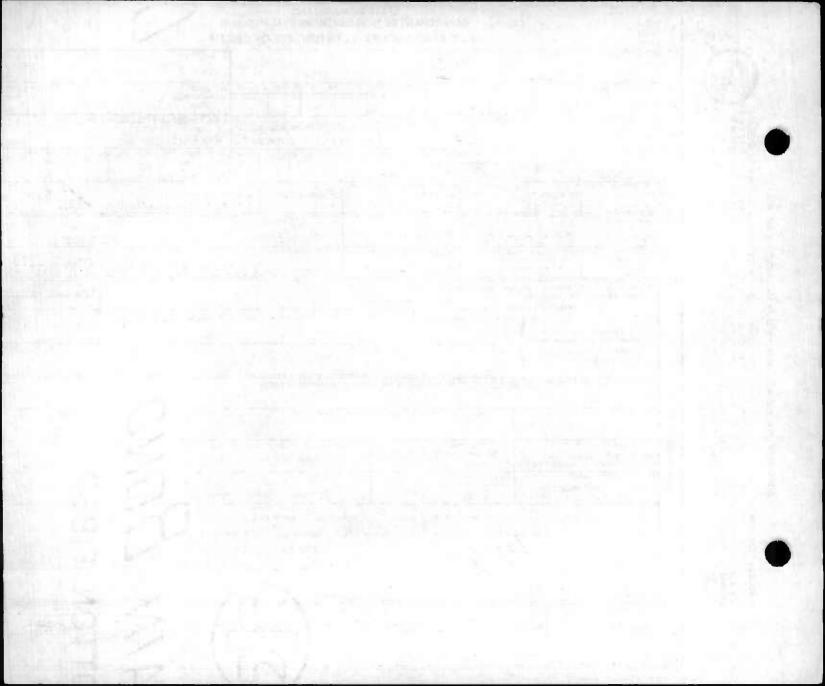
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be retained by the hospital or attending physician.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1 3	9	0	3
REG. NO.			

[14]	CEASED NAME	FIRST		Marilyn	LAST		20 DATE KNOW OF ESTI	KZ	TH DAY YEAR	7b. HC
		Jan:	ice	A CONTRACTOR OF THE PARTY OF TH	Matloc		DEATH MATE	□ □5/1		
3. SE	4	RACE	5. DATE OF BIRTH	6. AGE (IN		R. IF UNDER 24		MONT	H DAY YEAR	24 HG
Fe	male	White		952 32	YRS.	HOURS MI	DEAD	5/1	6/84 19	P
	RTHPLACE (STATE	E OR	76. CITIZEN OF W		8 MADDIED VV	NEVER MARRIED	9. BALTIMORE C	ITY OR COL	INTY OF DEATH	
Ok	lahoma		u	ISA	WIDOWED [DIVORCED	Harford	Count	V	
	TY OR TOWN OF	DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTHER INSTI		USUAL OCCUPATION	TYPE OF WOR	K 126 KIND OF BU	SINESS
1	Edgewood			acility, give street address Fountain Ro			FOR MOST OF WORKING LIFE	Ε)	OR INDUST	₹Y
USU	AL RESIDENCE (IF		OR OTHER INSTITUTION, O	IVE RESIDENCE BEFORE ADMI	SSION				-	
	tate ryland	Hark		Edgewood	YES 5		street address 1711-A Foun	tain T	2104	10
	ATHER'S NAME	THULK		Lagewood		HER'S MAIDEN	VAME	rach k		
	FIRST		Donald	Kuerston		larilyn	MIDDLE		Maraleo 26	
	<u>Richard</u> vas deceased e			16b. SOCIAL SECUR		RMANT	(nmn	RESS	Tucker	
()	ES, NO, OR UNKNOWN	(IF YES, GIVE	tnam	440-58-4		iny D. Mo	ω	ay, Ea	lgewood, Mo	1.21
		*			120 1001	ing v. Mc	itlock, 171	1-A FO	APPROXIMATI	INTERV
	PART I DEAT			e far (a), (b), and (c).)	3 5 61				BETWEEN ONSE	AND D
	00	IMMEDIA		Stab Wour		SL				
	100	0	DUE TO, OI	r as a consequenc	E OF					
		if any, which								
		ta immediate ating the under-		R AS A CONSEQUENC	. 0.5					
	lying cause		DOE TO, OF	K AS A CONSEQUENC	E OF					
			(c)							
-	PART 2 OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OTSEASE OR CONOT	TION GIVEN IN PART 1	101			
10								100		
N.	190 DATE OF O	PERATION	196 COND	ITION FOR WHICH OP	ERATION WAS PERF	ORMED?			20 AUTOPSY	,
~									YES X	NO
TIFE									7.	
CERTIFIC	210 EXTERNAL		21b. TIME O	X MONTH DAY VE	A D		ENTER NATURE OF INJURY IN F	EM 18 PART 1 OF	7.	
CAL CERTIFIC	UNDERLYING CONTRIBUTING	XOR G ☐ CAUSE OF	DEATH 4:45P.	* 5716784°	aR self i	nflicted		EM 18 PART 1 OF	7.	
EDICAL CERTIFIC	UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH 4:45P.A	M. 5/16/84,9 OF INJURY (AT HOME,	self i		wounds		RPART 2]	
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF	DEATH 4: 45P.A	M. 5/16/84 ₉ OF INJURY (AT HOME, CTORY, FARM, ETC.)	self i	nflicted	wounds CITY OR TOWN		COUNTY	S
MEDICAL CERTIFIE	UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR CAUSE OF CURRED NOT WHILE AT WORK	DEATH 4:45P.A 21e PLACE STREET, FAC	M MONTH DAY YE M. 5/16/84,9 OF INJURY (AT HOME, CTORY, FARM, ETC.) bathroom	self i	nflicted	wounds criver town Rock Way,	Edgewo	county Md.	S
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 220	OR CURRED NOT WHILE AT WORK	DEATH 4: 45P. A 21e PLACE STREET, FAC ge of the remains de	M SYTH 6 PAY 4 YE NOT INJURY (AT HOME. Dathroom) scribed above, held an	self i ZIF. LOCATION STREET 1711-A Autopsy X,	nflicted Fountair	Rock Way,		county Md.	S
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK	OR CURRED NOT WHILE AT WORK	DEATH 4:45P.A 21e PLACE STREET, FAC	M SYTH 6 PAY 4 YE NOT INJURY (AT HOME. Dathroom) scribed above, held an	self i 21f. LOCATION STREET 1711-A Autopsy X, Suicide X, Ha	Fountair	wounds criver town Rock Way,	Edgewo	county Md.	S
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING 71d. INJURY OC. WHILE AT WORK 27a. I certify death resulted	OR CURRED NOT WHILE AT WORK	DEATH 4: 45P. A 21e PLACE STREET, FAC ge of the remains de	M SYTH 6 PAY 4 YE NOT INJURY (AT HOME. Dathroom) scribed above, held an	Self i 21f. LOCATION STREET 1711-A Autopsy X, Suicide X, Ho TITLE	Fountair Inspection (SPECIFY)	Rock Way,	Edgewo and in my	county od, Md.	
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING 21d. INJURY OC WHILE AT WORK 220	OR CURRED NOT WHILE AT WORK	DEATH 4: 45P. A 21e PLACE STREET, FAC ge of the remains de	M SYTH 6 PAY 4 YE NOT INJURY (AT HOME. Dathroom) scribed above, held an	Self i 21f. LOCATION STREET 1711-A Autopsy X, Suicide X, Ho TITLE	Fountair Inspection [micide [] ((SPECIFY)	Rock Way,	Edgewo and in my	county Md.	⁵¹
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING 21d. INJURY OC. WHILE AT WORK 22a I certify death resulted	OR OR OF CAUSE OF CURRED NOT WHILE AT WORK that I took charge fram: Notu	DEATH 4: 45P.A 21e PLACE STREET, FAX ge of the remains de	MOYHODAY M. 5716 DAY M. 5716 DAY OF INJURY (ATHOME, CTORY, FARM, ETC.) bathroom bathroom Accident	Suicide X, Ho ASS	Fountair Inspection (SPECIFY) istant	Nounds CITY OR TOWN ROCK Way, Inquiry Judgetermined manner MEDICAL EXAMINER	and in my DA' SIG	COUNTY Md. apinian TE NED 5/17/	
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTING 71d. INJURY OC WHILE AT WORK 220 I certify the death resulted	OR OR CAUSE OF CURRED NOT WHILE AT WORK that I took charge fram: Natural Natur	DEATH 4: 45P.A 21e PLACE STREET, FAX ge of the remains de	M SYTH 6 PAY 4 YE NOT INJURY (AT HOME. Dathroom) scribed above, held an	Suicide X, Ho ASS	Fountair Inspection [(SPECIFY) istant	Nounds Rock Way, Inquiry	and in my DA' SIG	COUNTY Md. apinian TE NED 5/17/	
23a B	UNDERLYING CONTRIBUTING 21d. INJURY OC. WHILE AT WORK 270 death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT) URIAL, CREMATIC	AME Gree	DEATH 4: 45P. A The PLACE STREET, FAX ge of the remains de prol courses	MONTH DAY YE M. 57 16 08 4 9 OF INJURY (ATHOME, TORY, FARM, ETC.) bathroom scribed above, held an Accident , M auffman, M	Self i 71f. LOCATION STREET 1711-A Autopsy X, Suicide X, Ha TITLE	Fountair Inspection [(SPECIFY) istant 111 Per	Rock Way, Inquiry Jundetermined manner MEDICAL EXAMINER The St., Bal	Edgewo and in my DA SIG	COUNTY Md. apinian TE NED 5/17/	84
23a B	UNDERLYING CONTRIBUTING 71d. INJURY OC. WHILE AT WORK 220. I certify: death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	CAUSE OF CURRED NOT WHILE AT WORK that I took charge from: Notu	DEATH 4: 45P. A 21e PLACE STREET, FAX ge of the remains de real causes GOTY R. K. 73b. DATE	MONTH DAY YE M. 50 116 108 4 9 OF INJURY (ATHOME. TORY, FARM, ETC.) bathroom scribed above, held an Accident , M 236. NAME OF C	Self i 216. LOCATION STREET 1711-A Autopsy X, Suicide X, Ho TITLE M. DASS D. ADDRES:	Fountair Inspection [(SPECIFY) istant 111 Per	Rock Way, Inquiry Judetermined manner MEDICAL EXAMINER an St., Bal	Edgewo and in my DA Sig	county od, Md. apinian TE S/17/ d. 21201 hington	84 CC
23a B	UNDERLYING CONTRIBUTING 71d. INJURY OC. WHILE AT WORK 220. I certify: death resulted ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT) URIAL CREMATIC Burial UNERAL DIRECTO	CAUSE OF CURRED NOT WHILE AT WORK that I took charge from: Notu	DEATH 4: 45P. A 21e PLACE STREET, FAC ge of the remains de prol causes GOTY R. K. 23b. DATE May 21, 1	M. 5/16/84, of 1/84,	Self i 216. LOCATION STREET 1711-A Autopsy X, Suicide X, Ho TITLE M. DASS D. ADDRES:	Fountair Inspection [(SPECIFY) istant 111 Per k Cemet	Rock Way, Inquiry Jundetermined manner MEDICAL EXAMINER The St., Bal	Edgewo and in my DA Sig to., M Was lesvi	county od, Md. apinian TE 5/17/ d. 21201 hington	84 CC
23a.B	UNDERLYING CONTRIBUTING 21d. INJURY OC. WHILE AT WORK 220. I certify of death resulted EXAMINER'S NA (ITYPE OR PRINT) URIAL, CREMATIC SPECIFY) UNERAL DIRECTO	AME Gree	DEATH 4: 45P.A 21e PLACE STREET, FAX ge of the remains de prol courses GOTY R. K. 23b. DATE May 21, 1	M. 5/16/84, of 1/84,	Self i 21f. LOCATION STREET 1711-A Autopsy X, Suicide X, Ho TITLE M.DASS D. ADDRES: EMETERY OF CREMA rial Par	Fountair Inspection [(SPECIFY) istant 111 Per k Cemet	wounds Rock Way, Inquiry Judetermined manner MEDICAL EXAMINER an St., Bal 3d LOCATION CITY OR TOWN	Edgewo and in my DA Sig to., M Was lesvi	county od, Md. apinian TE 5/17/ d. 21201 hington	84 CC



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b.

FOR - STATE REGISTRAR MIDDLE 20. DATE OF DEATH DECEASED NAME MONTH 2b. HOUR 1981 TERESA Matricciani DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4. RACE HTHOM YEAR 28 1892 Female White BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Harford County, Abruzi, Italy USA WIDOWED & DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Home Maker INDUSTRY Air Convalescent Center Bel Air USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 130. STATE 136. COUNTY Harford Bel Air 841 East Wheel Rd. 13d INSIDE CITY LIMITS? 21014 Maryland NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Federico MIDDLE Giovenga MIDDLE Giulia Santicchia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YESTIO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. John N. Matricciani Same as # 13e 216-07-1317A 18 CAUSE OF DEATH (Enter only one cause per line for (a) bral Vasenlar Accident PART L DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from_ saw the deceased alive an _, and that in (my) (our) opinion deoth accurred on the date and haur and fram the causes stoted abave, (1) (we) tdid) (did nat) view the bady ofter death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR HYSICIAN ATTENDING MID 22e. ADDRESS BEZ ATR, MD 2194 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION SPECIFY!

Holy Redeemer

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

DRIANT

Burial

24. FUNERAL DIRECTOR

June 2,1984

Leonard J. Ruck, Inc. Baltimore, Md.

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21 - - 1 Tyle Fr. woll W. Jarriceiant Upra an = 130

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	DEC	CEASED NAME FIRST	WIDDLE		TZA	REG. NO.	. DAY YEAR 2b. HOUR
		OR PRINT!		~		20. DATE OF DEATH	Dat Con Dough
1	2 054	William		5. DATE C	Cation, Sr.	6, AGE (IN YEARS AST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	3. SEX		4. RACE		mber 10,1919		MONTHS DAYS HOURS MIN.
11	0.10	male	Cauc.		mper 10,1919	64 YR	
14	_ CC	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COUP	1TY OF DEATH
0	10	elaware	U.S.A.	WIDOWE		HAr	tord MI
6	Ha	avre de Glace	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE) HAROCA M	TADDRESS)	al Hospital	Insurance Age	ent Ins. Co.
6	13a. ST	TATE NI COU	or other institution give residence before INTY Castle New Cas	WN_		13e STREET ADDRESS / ZIP CO 103 Harmony	Street 99999
91	1.50	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE	LASI
18	-	Felix	S. McCaff	ery	Mary		Pedrick
21		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN] (IF YES, GI WW	IVE WAR OR DATES)		Wife: Rita Leona	ard McCaffery	103 Harmony St New Castle, De
		Conditions, if ony, which	DUE TO, OR AS CONSECT	ores	in the	Lius	yn
		Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.		JENCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART IIO
7		Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	JENCE OF DEATH BUT BLUE	des	20a AUTOPSY? 20b IF	GIVEN IN PART Ito: YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
27	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIFICITIES. NOTIFY MEDICAL EXAMINE	DUE TO, OR AS A CONSEQUENCE TO THE CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DE EATH P.M.	DEATH BUT	IN WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \ NO \
27	ICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO, OR AS A CONSEQUENCE TO THE TOTAL OF	DEATH BUT DEATH OPERATION DAY YEAR 19	216. HOW INJURY OCCURR 211 LOCATION STREET	200 AUTOPSY? 206 IF IN CEL YES NO SEED (ENIER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \ NO \
27	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE IFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify that (I) (this hasp sow the decased alive at above, (I) (we) (did) (did in	DUE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF	DEATH BUT DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC)	211 LOCATION STREET 21 1 LOCATION STREET 21 1 LOCATION STREET	200 AUTOPSY? 206 IF IN CEL YES NOW NITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART 1 OR PART 2) COUNTY STATE 19 19 1, that (I) (we) la
27	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (1) (this hosp sow the deceased alive or	DUE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF FICE. DUE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF THE PROPE	DEATH BUT DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC)	211 LOCATION STREET 21 19 8 and that in (my) (our) opinion dependent	200 AUTOPSY? 206 IF IN CEL YES NOW NITEM CITY OR TOWN	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART I OR PART 2) COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

ATTENDING

netained by the hospital or

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages I and 2 intolid by High with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

1984 St. Peter's Cemetery, Robert T. Foard, ChesapeakersCity, Maryland

250. DATE REC'D. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

MAY 28 1084 Julia Davidson-Randelle

5-5- E 20 50 1130 - 2 - 0 2110 . C .ele trong complete. relation on testing on testing of the entrance olim o ור וו ווח וו ב ב וספרור ודיי 103 81 117 36. $V_{\rm co}$. The contraction is the confidence of the confidence איש אל, בר בל. ומלחת ה מה הלחתון, מיו מופלט כן . ל., בר בייים colored C. Freru, Conserve Mity, Crylind MAY 231 Conserve weekende

executed within 24 hours after deoth. Page 4 may be

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital ar attending physician. and campletely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and car should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 with the State Dept, of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If them 21 is marked or them 18 shows any injury, ar ather traumatic event, the

medicol exam

STATE OF MARYLAND

1	3	7	0	6

1	STATE REGISTRAR	DEF	CERTIFI	CATE OF DEATH	REG. NO.	3 7 5	
	ECEASED NAME FIRST	MIDDLE	m	LLER	20. DATE OF DEATH MONTH	DAY YEAR	12:44 PM
3. SE		4. RACE	5. DATE OF	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	R IF UNDER 24 HRS
P	COUNTRY COUNTRY THE PROPERTY OF THE PROPERTY O	76 CITIZEN OF WHAT COUP	MARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO	ORD	MD.
1-	FALLS TO N	11. NAME OF HOSPITAL, N LIFNOT IN SUCH FACILITY, GIVE FALLSTON	Gent.	HOSPITAL	120 USUAL OCCUPATION (INTE OF WORK FOR MOST OF WOR Ret. Pa. R.R.	KING LIFE) INDUSTRY	Naker
13a.	JAL RESIDENCE (IF NURSING HOME OF STATE 13b COU		LLSTON	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NO	130. STREET ADDRESS	WORTH	PLE2
		ok Mille		Annice	Laura		rick
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL TO THE WAR OR DATES)	14 0301	Mrs. Alfred	Garappollo, Bal		lemill Ci 21236
NO	Conditions, if ony, which gave rise to immediate couse (O), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	Z CH	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	JAPAP IN GIVEN IN PART I	
CERTIFICATION	190 DATE OF OPERATION	19b CONDITION FOR V	WHICH OPERATION		YES NO	IF YES, WERE FIND CERT:FYING CAUSE YES [NO [
MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED	HOUR A.M. MONT	19	211 LOCATION STREET	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART T OR PART 2)	STATE
~	274 SIGNATURE OSEP 274 PHYSICIAN'S NAME (1994)	ontol) attended the decealed in ontology with body after death.	from 89, on	ATTENDING HUMICIAN 22e ADDRESS	Service Service	12 DAJ	18/84
		einhardt	100 11111		on Gen . Hos. Fa	allston, M	d.
23a	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 5-23-1984		ers Cemetery	Pittsburgh	Allegany	Pa. STATE

BP

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR

Pa.STATE Allegany

MAY 22 REGISTRARYSH. REGISTRAR'S SIGNATURE

10 miles - 10 miles - 10 miles - 12 The state of the s office of one and other and religion was a co. "Alimbon, ha. metal market the contract the annual fallent of an TOTAL STANLE STANLE TOTAL CONTRACTOR

STATE OF MARYLA
DEPARTMENT OF HEALTH AND I

	1				STATE	OF MARYLAND				
		FOR		DEPARTME	NT OF HE	ALTH AND MENTAL HYG	IENE 1	7 0	0	1
	1 -	STATE REGISTRAR			CERTIFI	CATE OF DEATH	4	0 /		Maria Cons
							REG. NO		WE 10.	-1 -10110
		CEASED NAME FIRST	MIDDLE		17	61	20. DATE OF DEATH	MONTH DAY	YEAR DIS	2b. HOUR
1		HARL A	ND LE	ROY	Ne	WMAN		5-20-	84	11:45 M
1	1 SE	X	4 RACE		5. DATE OF		6. AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
1)		M	W		MONTH	11 1900	83	YRS. MONTH	15 DAYS	HOURS MIN.
16 1			Th. CITIZEN OF WHAT	COUNTRY?	8.	□ NEVER MARRIED □	9. BALTIMORE CITY O	COUNTY OF	DEATH	
120		COUNTRY)	U. S. A		WIDOWED	_	MARFOR			MD.
W7	10.6	TY OR TOWN OF DEATH				OTHER INSTITUTION	12a. USUAL OCCUPATE			BUSINESSOR
ROL	1460	DE de Gon- 1	LAPEAR	Y, GIVE HIREET AD	DRESS)	HOSPITAL	(TYPE OF WORK FOR MOST O	WORKING (IFE)	DUSTRY 7	TRUD
6	USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE DES	SIDENICE BEEODE A	DAISSIONI	100011111	WEIDER	_	/00/	
6/1		STATE 136 COUN		ITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		1783	19950
781	1.7	ETAS GRE	99 1	NCVIE	w	YES NO	205 U	1. W14	1851	75601
12/11	M. FA	ATHER'S NAME	1	47,000	_	15 MOTHER'S MAIDEN NA	ME			
11/4	1 -)	AIDDLE	LAST		FIRST	WIDDLE	no -	LAST	
101		E1812 L.	(YE	-WMA!		HNGIE	+ DDat	17051	1510	
32		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE		OCIAL SECUR	. 00	17 INFORMANT	ADDRE	20 Coc	PER	st.
1	1	VES 1919-		-09-:	ركار	GERALD L- 1	VEWMEN T	RISINS :	Sun	nt -16
3 4				100				4- 1		MATE INTERVAL NSET AND DEATH
ovo nt,		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	BY:	Tool, one	111	-1-	01201	A	BETWEEN O	NSET AND DEATH
e e		E 93 YIMMEDIATI	E CAUSE (o)	1	NI	word	avv			
or r		0/0/	DUE TO, OR AS A	CHNSEOUP	ICE OF	0 /	00,			
, E		Conditions, if ony, which	1 16	Ce /7		tent co	eleps	e -		
tro		gove rise to immediate	(0)	1		/	0			
her		couse (a), stating the underlying couse lost.	DUE TO, OF ME A	CONSEQUEN	E V	100. 1	111			
r of		orderlying coose lost.	10	100	11	men.	(my)	_		
burie ry, o		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIB	BUTING TO DE	ATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN I	PART Iro	
to b	NO O			and the same of th						
	1	IA DATE OF ODERATION	TION CONDITIONS	COR WILICH O	DEDATION	WAS PERFORMED	20a AUTOPSY?	120b. IF YES, WE	RE FINDING	GSTISED
2 8/1	2	190 DATE OF OPERATION	196 CONDITION	FOR WHICH C	PERATION	WAS PERFORMED	Zua AUTOFST	IN CERTIFYING		
o o	=						YES NO	YES [NO 🗌
ond Mentol Hygiene prior	CERTIFICAT	21a. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED (ENTERNATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
10 = 1		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. M	NONTH DAY	YEAR					
# ent	2	(IF EITHER, NOTIFY MEDICAL EXAMINER)			19					
2 5	MEDICAL	21d. INJURY OCCURED	21e. PLACE OF INJ		W Fre I	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
one	Σ	WHITE NOT WHILL AT WORK	(AT HOME SIREET, PAC	TORY, OFFICE, FAR	OM, ETC)	3,100				
10 th			15 / 1 / 1		5-	16 10 84	5-1	9 10	22	
T S		22a.1 certify that (I) (this ospit	1 400 1	19_S		, 17	, 10		,	hot (I) (we) lost
7 0		sow the deceosed plive on above (1) (we) (did (did no	View the body oft	outh.	, one	d that in (my) (our) opinion	death occurred on the do	ite and hour and	from the c	uses stated
Dept.		22b. SIGNANDRE	X		C	EGREE	13940 - 2897		22 DATES	IGNED
Q ±			war ()	1	-	ATTENDING	MEDICAL STAF		1/30	800
ANT. H	-			-			DIRECTOR PHYSIC	IAN	-	
the S SRTA		22d. PHYSICIAN'S NAME (TYPE OF	1	1		22e ADDRESS	1	111	1 1	11
# 0 F	1	the JANISI	emm	M.L	7. 3	19 20, Un	1. on the	1-154	4 1	4 0
13:5		17							7	

23d LOCATION
CITY OR TOWN
WEST CHESTER CHESTER

23b. DATE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician about be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MAY 2 3 1984 MA JAMASA SIGNALIRA DE

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OF THE WARRANT WEST	70,427
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	THE PARTY OF
IN NOW WANTED THE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exertificated by the haspital or attending physician.

	STATE OF MARYLA
FOR	DEPARTMENT OF HEALTH AND M
- STATE	CENTIFICATE OF N

Farring Funeral Home, P.A., Aberdeen, MD, 21001-3399

ND MENTAL HYGIENE

3

250. DAY AGO A SEGISTRAPS SIGNATURANDER

REGISTRAR				CERTII	FICATE OF DEATH	0 4	REG. NO				
I. DECEASED NAME	pest		MIDDLE		LAST	20 DATE C		ONTH DA	Y YEAR 2	6 HOUR	
1	Carl		Gregers	1	Paulsen		May	19,	19848	:20	DM
1 SEX		4. RACE			OF BIRTH	6. AGE (IN	YEARS LAST BIRTHO		UNDERTYEAR	FUNDER 24	_
Male		White		June	= (= 0.00	8	ς	YRS.	INTHS DAYS	HOURS	MIN.
& BIRTHPLACE (1)	HOLFOLIO I	-	WHAT COUNTRY?	8.		9 BALTIM	ORE CITY OR		OF DEATH		
Thomas coule		USA			D NEVER MARRIED		_				
Denmark II City OR TOWN O	FDEATH	OF SHIP A. R.	HOSPITAL NURSIN	WIDOW IG HOME	DIVORCED DO OTHER INSTITUTION		Harford		12b KIND OF I	BLICHNIEC	MD.
		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WO	RK FOR MOST OF W	ORKING LIFE)	INDUSTRY		13 OK
Abardeen USUAL RESIDENCE (1	I AUTOSIAIC HOME		rjorie L			Ketl	red Col	. 0	US Arn	ny .	
13a. STATE	136 COL	YTM	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?				03.00	23	
Maryland	Harf	ord	Aberdeen		YES NO		Marjori	e Lan	e 2100	江	
14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	NAME	WIDDLE		LAST		
Hans		Gregers	Pauls	sen	Johanna		Margar	ete	Rasm	issei	n
60 WAS DECEASED		RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRESS			2100	03
YES	WWI		270-36-9	5962	Joanne Pauls	sen.623	Marjor	ie La	ne Aber		
			line far (o), (b), an						APPROXIMA BETWEEN ON		
PART I. DE A	TH WAS CAUS	ED BY.	CARDI	AR	ARKE	17			BETWEEN ON	SET AND DE	EAIH
4146	MMEDIA	ATE CAUSE (a)	C/0 /- //	14	111110	/					
1,1,		DUE TO, O	RAS A CONSEQUE	199 95	1 man-is	200	SEAS	T			
Conditions, if gave rise to		(b)	CARCOTO	117/2	YMALEK	y pi	3000	C			
cause (a1,	stating the	DUE TO, O	R AS A CONSEQUE	NCE OF		0 1					
underlying	couse last	(c)	1+RTE	RIV	SCLERI	0515	,				
PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEA	SE OR CONDIT	ION GIVEN	IN PART 1ra		
<u>o</u>											
19a. DATE OF OI	PERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUT			WERE FINDING		
표						YES 🖂	NOIN	N CERTIFYII YES	NG CAUSES OF	F DEATH	13
71g. ACCIDENT W	AS UNDERLYING	7 716. TIME O	F INJURY	1	21c HOW INJURY OCCU				hone	NO L	
00.000.000.000.000.00		110110	M. MONTH DA	AY YEAR		SKILED (EMIEKA	ATORE OF INJURY II	TIEM ID PARI	I OR PART 2)		
(IF EITHER NOTIF	Y MEDICAL EXAMIN			19							
(IF EITHER NOTIF		21e PLACE	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STA	ATE
ANHITE N	AT WORK			L		0 1			- 1		
220.1 certify th	at (1) (this has	oital) Attended the	e deceased fram_	NV	M. 1 19 8	4 10	1-4	19 19	89 the	at (I) (we	e) last
sow the de	eceosed alive a	- Inen	10 19	sy	nd that in (my) (aur) apinia	in death accurr	of the date	and hour a			
72h 9IGNATUR		at) view the bady	ofter death.		DEGREE		0		224 DATE NO		
Da	177	mand	6:0 11.1	7	ATTENDING	MEDICAL	_ STAFF		1-/2	2/	10
22d, PHYSICIAN	CO I I	- Way	11,000		PHYSICIAN	DIRECTOR	PHYSICIAI	1	12/2	4/0	84
DA A A	I S INAME (TYPE			,	22e ADDRESS	1.	1		00		- /
DANT	EL	L. 140	NAKI	7	HAYRE C	70 (7	KACE	= , N	101 2	10	78
3a. BURIAL, CREMAT	ION, REMOVA	L 236. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY						
(SPECIFY)		May 25	1.798) A	rling	ton National	Cem - A	rlingto	m. Ar	Tingtor	Q.VA	TE

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove cortain agreen. Figure with the State Dept. of Health and Mental Hygnene prior to burial, cremation, at reminant IMPORTANT: If Item 21 is marked or Item 18 spews ony injury, or other troumatic event, the medical

Part Crepetts Frances 1850 19, 1800:20 5 Shito June 16, Appl 12 05 LOUIS wound already all a great a section of figure Thereers remined a spenish I . . . The Marcon 277-30- 305 Journe Buckern, or 3 102, Cric Land, Cherchen, III CARL CONTRACTOR OF THE STATE OF

August milita enatualist and Lonolana nos sultas libeles are an incus

Carrier and all all and and and an area and

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR			ou Ann	CERTIF	ICATE OF DEATH	8 4	REG. NO.	3 / '	
	ASED NAME	FIRST	1	MIDDLE		LAST	20. DATE OF D	EATH MONTH	DAY YEAR	2b. HOUR
(TYPE OF	R PRINT)	Clyd	е	F.	Pe	eples		May	17,1984	2:00A _M
3 SEX	Male		RACE WHITE		5. DATE O		6. AGE (IN YEA	rs last birthday) 59 YR:	MONTHS DAY	
COL	HPLACE (STATE ORF UNITY) IRGINIA	OREIGN 7	b. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORI	ECITY <u>OR</u> COUNTY HARFORD		MD
A HA	ORTOWN OF DEA	E	(1F NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		CCUPATION OR MOST OF WORKING HONE TEC.	IG LIFE) INDUSTR	OF BUSINESS OR RY ERAL GOVT.
USUAL 130. STA		13b. COUN HARFOR	TY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW HAVRE de	N	136. INSIDE CITY LIMITS? YES X NO	305 WIL	DDRESS / ZIP CO		21078
M. FATH	HER'S NAME FIRST JOSPEPH	N	MDDLE	PEEPLES PEEPLES		15. MOTHER'S MAIDEN NAI FIRST JULIE		WIDDLE	KNOWEL	LAST S
(YES	AS DECEASED EVER	(IF YES, GIVE	MED FORCES? WAR OR DATES) + KOREA	230 18 38		MRS. ISABEL I	. PEEPLES	ADDRESS	ME AS #136	9
	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	nediate g the last.				ESPIRATORY SQUAMEUS NOT RELATED TO THE TERM				yes
NO	9a. DATE OF OPERA					ON WAS PERFORMED	200 AUTOP		YES, WERE FIN	
RTIFIC							1.20	NOD	RTIFYING CAUS	NO []
	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	AUSE OF DEAT	H I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATU	RE OF INJURY IN ITEM	18 PART OR PART 2	n
¥	WHILE NOT WE AT WORK	INE 🗍	21e. PLACE LAT HOME, STI	OF INJURY REET, FACTORY OFFICE, F	FARM ETC.)	211. LOCATION STREET		CITY OR TOWN	S 4	STATE
2	22a. I certify that (I) saw the decease above, (I) (we) (a					nd that in (my) (our) apinion	death occurred	on the date and		
	22b. SIGNATURE	a	na	Bons	1	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	5 P	18 84
2	24. PHYSICIAN'S NA	ME ITYPE OF	DUBA.	Mrs.		7801 York	Road #2	218 Bal	to.Md.	21204

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached with the State Dept.

the burial-transit permit. Then pleas and Mental Hygiene prior to burial, certificate has bee

MPORTANT: If Item 21 is marked or

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY

236 LOCATION CITY OF TOWN

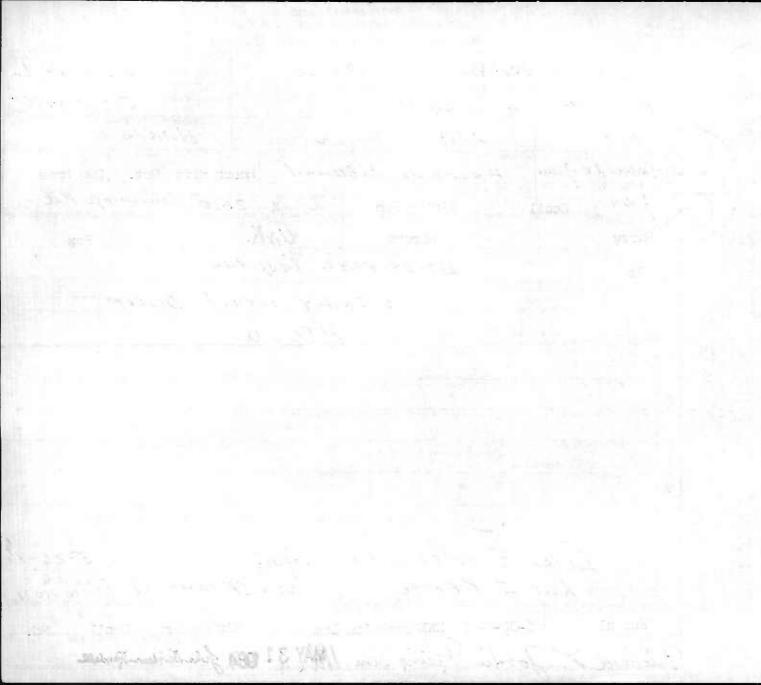
COUNTY STATE

BURIAL 22 MAY 1984 ELDRIDGE CEMETERY
Mitchell Funeral Home 123 S. Washington St.

250 DATE REC'D. BY REGISTRARIS REGISTRAR'S SIGNATURE MAY 2 3 1984 May down from the control of t

a. 7,5 L alvis 7 07 cr 0a 27 alto . 272'

arc e race . 1 7 itc. cll 'ureral • • 122 J. assi t• 1 Jt.



and 2 should be filed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the fun should be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages I and 2 should be filed within with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

or offending physicion.

retained by the hospital

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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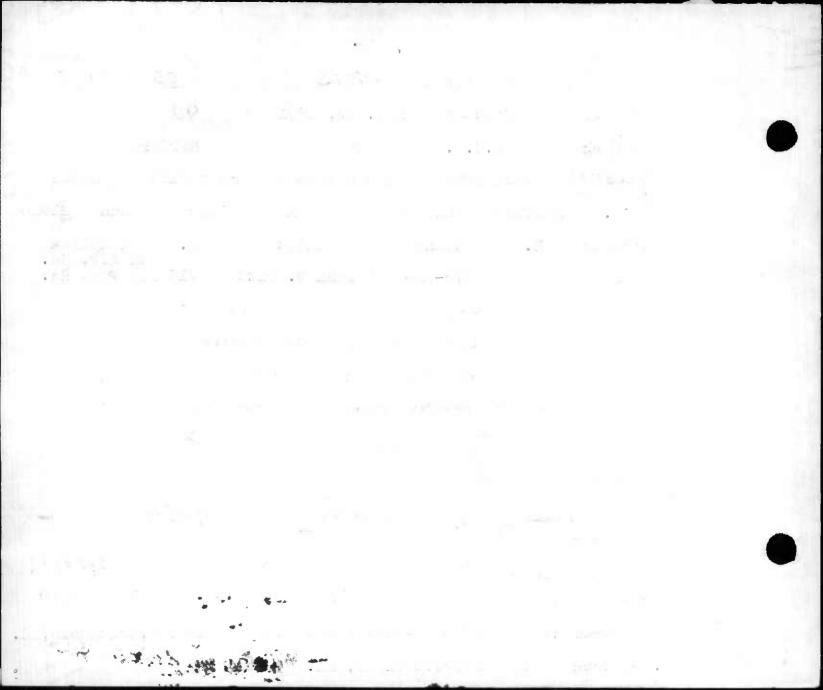
" -	REGISTRAR			ÇERTIF	ICATE OF DEATH	0 .	REG. NO.		
	CEASED NAME	FIRST	WIDDIE	t.	AST	20. DATE OF D		DAY YEAR	2b. HOUR
(I YPE	OR PRINT)	16USTA	MAR	F	PITTS		05	25 84	513 1
3. SE)	(4 RACE		5. DATE C		6. AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	Female	Ca	ucasian	Nov.			92 YRS		HOOKS MIN.
	RTHPLACE (STATE OR FO	OREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8.	NEVER MARRIED	9 BALTIMORE	CITY OR COUN	TY OF DEATH	
	New York	T	J.S.A.	WIDOWE			Harfor	rd	MD.
	TY OR TOWN OF DEA		OF HOSPITAL, NURS		R OTHER INSTITUTION	12a USUAL OC	OR MOST OF WORKING		F BUSINESS OR
	PALLSTON	FAL	LSTON C	SENER	AL HOSPITA	L Hou	sewife		use
JSU A	D 47 W	13b COUNTY	13c CITY OR TO)WN	13d INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP CO	DE	02.02.6
	Md.	Harford	l Bel	Air	YES NO NO		lewild	Road	21014
4 FA	THER'S NAME	MIDDLE	EAST		FIRST		MIDDLE	LAS	T
	Charles VAS DECEASED EVER	H.	COONS ES? 166 SOCIAL SE		August:	$\mathbf{a}_{:}$	M. ADDRESS R	Tompk	
	res, no or unknown)	(IF YES, GIVE WAR OR DAT	ES)			D1 + 1		el Air,	
	No		078-38	3-1405	John T.	Pitts	219 Re	ed Pump	
	18 CAUSE OF DEATH	I Enter only one cous						BETWEEN	MATE INTERVAL ONSET AND DEATH
	TAKTI: DEATH W	IMMEDIATE CAUSE	<u>, 042019</u>) - Pui	MONARY	ARRE	ST		
	5141	DUE TO	O. OR AS A CONSEC	DUENCE OF					
	Conditions, if any,		LEFT	OPTSI	TL PNEL	inoni	7		
	gove rise to imm		O. OR AS A CONSEC						
	underlying couse				RY EDEN	12			
	PART 2. OTHER SIGN	IIFICANT CONDITION			NOT RELATED TO THE TER		OR CONDITION C	GIVEN IN PART 100	3
O		C AND D				temic 14		9	
AT	19a DATE OF OPERAT	ION 196 CO	ONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20b. IF Y	ES, WERE FINDIN	NGS USED
CERTIFICATION			-			YES 🗍 🖪		TIFYING CAUSES YES	NO T
CER	21a. ACCIDENT WAS UND		ME OF INJURY		21c HOW INJURY OCCL	JRRED (ENTER NATUE	RE OF INJURY IN ITEM 1	B PART I OR PART 2)	
AL	OR CONTRIBUTING C	AUSE OF DEATH	R A.M. MONTH P.M.	DAY YEAR					
MEDICAL	21d INJURY OCCURR	ED 21e. PL	ACE OF INJURY		211 LOCATION		CITY OR TOWN	COUNTY	STATE
W	WHILE NOT WH	ILE I	ME, STREET, FACTORY, OFFIC	E, FARM ETC)	STREET		TITY OR TOWN	COUNTY	STATE
		(shis to the not	d the dekeased from	n 51	18/84 19	to\$	125/84	. 19	that (I) - lost
	sow the decease		24/84 19	, or	d that in (my) (opinio	n death occurred	on the date and h	our and from the	couses stated
	22b. SIGNATURE	(did not) view the	oody offer death.		DEGREE			22c DAJE	SIGNED
	10	il the		M. C	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	5/2	5/84
	22d. PHYSICIAN'S NA	ME (TYPE OR PRINT)			77e ADDRESS	Z			
	DAVIDE	. PADRIA	D.M. 02		57 E.Br	oadwa	7 Bel	Air, a	1014
	BURIAL, CREMATION,				EMETERY OR CREMATORY	23d. LÖCATI	ION		
(Cren	nation 5/	26/84	Westvi	ew Cremate	ory Bal	timore.	Raltim	ore. Md
24_FL	JNERAL DIRECTOR				25g D	ATE REC'D. BY REC	GISTRAR ASIL REG	STRAP'S SIGN	113e220
TV/T	NAME OT a d d a a	1733 mg de -	ADDRES	S	AAA	Vaaia	OI THAN	STATE OF THE	

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

74 FUNERAL DIRECTOR
NAME
M. Gladden Kurtz

Jarrettsville,



	STATE REGISTRAR		MEI	DICAL EXAMIN		IFICATE O		REG. NO.		
	ECEASED NAME (PE OR PRINT)			WIDDLE	LAST		OF .	KNOWN XX		2b. HO
		SHER		ANN		RSEL			0-1-84 19	
16	emale	White	March 6	1950 1950 34 Y			MIN. PRONOU! DE AE	NCED 5	5-1-84	7:1
	BIRTHPLACE (ST OREIGN COUNTRY) Aberdeen	1 Md 2100	Th. CITIZEN OF WH		MARRIED WIDOWED	NEVER MARRIE	DU	ford Cou	county of DEATH Inty	
E	dgewood		759 Stant	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) FORD CT.		NOITUTIT	FOR MOST OF WO	RKING LIFE)	WORK 12h KIND OF OR INDU	STRY
130. M	aryland	Harfo	Υ	PERSIDENCE BEFORE ADMISS 13c. CITY OR TOWN Edgewood	13d. IN YES	□ NO 🕞	13e STREET ADDR 9 Singe		210	40
1	Denver	A. Willis		LAST			e E. Gen		LAST	
160.	WAS DECEASED YES, NO, OR UNKNO	D EVER IN U.S. ARMI	ED FORCES? AR OR DATES)	166. SOCIAL SECURI	TY NO. 17. IN	FORMANT		ADDRESS		
	PARTIDE.	ATH WAS CAUSED MMEDIATE ms, if ony, which se to immediate stating the under-	BY: CAUSE (o) DIE TO, OR (b)	for (0), (b), and (c).) TUE OVERDOS AS A CONSEQUENCE AS A CONSEQUENCE	OF					AATE INTERVAI NSET AND DEA
NO	PART 2 OTHER SIG	GNIFICANT CONDITIONS <u>C</u> C	JNTRIBUTING TO OEATH P	BUT NOT RELATED 10 THE TERI	MINAL DISEASE OR CO	NOITION GIVEN IN PART	1 (a),			
Y	19s. DATE OF	OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION WAS PE	RFORMED?			20 AUTOP	
I	210 EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M.	MONTH DAY YEA	AR	4	LENTER NATURE OF IN	JURY IN ITEM 18 PART		
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTION 21d. INJURY O WHILE	NOT WHILE	P.M. 21e PLACE C	5/1 198	34 self/	/ ingesternation in ingesterna		wwood, M	Id.	STA
	UNDERLYING CONTRIBUTION 21d. INJURY O WHILE AT WORK	OCCURRED NOT WHILE AT WORK fy that I took charge	21e PLACE C STREET, FACTO DC	. 5/1 19 8 DE INJURY (AT HOME, ORY, FARM, ETC.) OTTO	21f. LOCATIO 759 St Autopsy Uicide X, F	tanford (Inspection Homicide	Crity on to Edge	onner ,	n my opinion	
MEDICAL CERTIFIC	UNDERLYING CONTRIBUTIN 21d. INJURY O WHILE AT WORK 220 I certif death resulte	OCCURRED NOT WHILE AT WORK fy that I took charge ed from: Naturo	P.M. 21e PLACE C STREET, FACT Of the remains desc	5/1 10 8 OF INJURY (ATHOME. ONY, FARM, ETC.) OTHE cribed obove, held on Accident \(\bigcup \), Si (auffman, M	21f. LOCATIO 759 St Autopsy Uicide X, F	tanford (Inspection	Ct., Edge	, ond in	n my opinion	84

minters grow-energ gradient was conserved therein the gen Shake treated paragraphic de la companie de la com

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

- STATE

REGISTRAR

	. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2	b. HOUR
Heoth	(TYPE OR PRINT) DEAN	RICHARDS	PYLE	May 8, 1984	4	4:10p _M
	Male Male	White	S. DATE OF BIRTH Apr. 21, 1912	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	MONTHS DAYS	F UNDER 24 HRS
11/1	a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNT Harford	Y OF DEATH	MD.
P	Fallston	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 815 Reckord	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	IZB. KIND OF EINDUSTRY INT. I	Harv.
11	USUAL RESIDENCE (IF NURSING HOME OF 136 COU 130 STATE 135 COU Maryland Hari	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134. CITY OR TOW FALLS to	N 134 INSIDE CITY HAITS?	815 Reckord I	Rd. 210	47
120	Charles (cloud Pyle	15. MOTHER'S MAIDEN NA FIRST Grace	WIDDLE	Cook	
/ medical	60 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES!	7419A Doris C.			TTE INTERVAL SET AND DEATH
hen please remove corte to buriol, cremotion, or r ijury, or other traumotic		DUE TO, OR AS A CONSEQUE	2116 12/3/12V	of Colon	SW VEN IN PART 1(a)	onths
Hygiene prior 18 shows ony ir	190, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING		OPERATION WAS PERFORMED	YES NO NO		
riol-fr leentol	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH DA	19 2H. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	COUNTY	STATE
Dept. of Health	220.1 certify that (1) (this hasp	ital) attended the deceased from	, ond that in (my) (our) opinion EGREE ATTENDING PHYSICIAN	death occurred an the date and ha	ur and from the ca	
APORT	Willard An	*	2303 Bela	ir Rd.		
> <	30. BURIAL, CREMATION, REMOVA	1.120	NAME OF CEMETERY OR CREMATORY reen Mount	23d LOCATION CITY OF TOWN Baltimore	COUNTY	Md.

PROBERTECOR ALTENBURG FUNERAL HOME, INC.

6009 Harford Rd., Balto., Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

21214

REG. NO.

REGISTRAR 250 REGISTRAR'S SIGNATURE 1884

Name of the Court THE TEST STORY TO SAUGATE STATE and the second of the second o

1-	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	REG. NO.	3 9		4	
(TYPE	CE ASED NAME OR PRINT)	loyd	C	ARCAU		Pyle		MAY	DAY	YEAR 84 DER I YEAR	2b. HOU	A M
3. SE	MAI	4 RAC	ilhe	TR	MONTH	DAY YEAR ARY 12, 1921	B. AGE IF	YEARS LAST BIP (4DAY)	MONTHS		HOURS	MIN.
	RTHPLACE (STATE OR F	OREIGN 76 CIT	IZEN OF V	VHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIM	ORE CITY OR COU		EATH		
	MARYLAND		USA	السيتات	WIDOWE	DIVORCED	1	TARFOR	4			MD
10 CI	AURS de 91	RACE IT		OSPITAL, NURSING		OR OTHER INSTITUTION		LOCCUPATION ORK FOR MOST OF WORKIN	G LIFE) IN	DUSTRY	F BUSINE	
USU.	AL RESIDENCE LOURS	ING HOME OR OTHER IN 13b. COUNTY HARFORD		SIVE RESIDENCE BEFORE. 134. CITY OR TOWN HAVRE de C	4	13d. INSIDE CITY LIMITS?	13e. STREE	TADDRESS BIN HOOD RO			210	
14. FA	THER'S NAME				TACE	15. MOTHER'S MAIDEN NA			(BUX			70
	lester	WIDDLE		PYLE		BEULAH		MIDDLE		WILGI		
	VAS DECEASED EVER	IN U.S. ARMED FO		166 SOCIAL SECUP	RITY NO.	17 INFORMANT		ADDRESS				
<u> </u>	YES	WW II		160 14 9412	2	MRS. MARTHA J.	PYLE	SAME A	S #13e	APPROXI		
CERTIFICATION	Canditions, if any, gove rise to imm couse (a), statin underlying cause PART 2. OTHER SIGN 19a. DATE OF OPERAT	which nediate g the last. DU	(b)	AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	AINAL DISEA 200 AU YES T	TOPSY? 20b. IF	GIVEN IN YES, WER RTIFYING YES	REFINDIN	IGS USE	TH?
MEDICAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	b. TIME OF HOUR A.A P.A	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR				R PART 2)		
MEDI	21d. INJURY OCCURE	IRE IA	PLACE C	OF INJURY ET, FACTORY, OFFICE, FA	RM, ETC }	211. LOCATION STREET		CITY OR TOWN	cc	OUNTY		STATE
	220.1 certify that (1) saw the decease	ed alive an did) (did not) view	the body of	ofter death.	7	DEGREE ATTENDING PHYSICIAN [220 ADDRESS	MEDICA		2	from the o		ated
230. 8	BURIAL, CREMATION, SPECIFY) BURIAL		DATE MAY84			EMETERY OR CREMATORY MEMORIAL GAROENS	CI	CATION TY OR TOWN AIR, HARFOR(CO.,			STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR

NAME
MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MO. 21078

DEDARTMENT OF HEALTH AND MENTAL HYCIENE

4	REG. NO.	3	4	1	5
	THE CO. I TO.				

1	= STATE REGISTRAR			DEF	CERTI	FICATE OF D	EATH	8 4	REG. NO.	5	1	7	
	ECEASED NAME	FIRST		MIDDLE		LAST		2a. DATE OF D	EATH MONTH	DAY	YEAR	2b. HO	JR AME
	TE OR PRINT)	Roscos	2 1	terman	R	akes			5	26	84	5	AM
3. SE	EX		1. RACE			OF BIRTH		6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UND	ER 1 YEAR	IF UNDE	
	Male		White		Sept		913		70 YR	- 1	DAYS	HOURS	MIN.
7a. 8	BIRTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUN	ITRY2 8	ED NEVER A		9 BALTIMORE	CITY OR COU		EATH		
V	irginia		US.	A	WIDOW		ORCED	Hara	Saci				MD.
-	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NI	URSING HOME	OR OTHER INST		12a USUAL OC	CUPATION			F BUSIN	
		race	Harr		emorial	HOSDI	tal	Mainter	n most of working	G LPE) IN	DUSTRY		
	JAL RESIDENCE (IFN	URSING HOME OR O		136. CITY OR		113d. INSIDE CI	ITY LIMITS?	13e.STREET AD	DRESS / ZIP CO	ODE			
M	aryland	Harfo		Aberde		YES K	NO 🗌		n St.,2				
14. E	ATHER'S NAME	V					MAIDEN NA		10015				
	Jahue	^	MDDLE	Rake		Lou	visie	^	WIDDLE		Web	b	
	WAS DECEASED EV			166 SOCIAL	SECURITY NO.	17 INFORMA	NT		ADDRESS		27	001	
	(YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-12	2-9425	Dolla	Z. Rake	es,81 Gr	een St.	Aber	rdee	n.MD	
CERTIFICATION	underlying cause lost. PART 2 OTHER SIGNIFICANT COND		ONDITIONS C	ONTRIBUTING		T NOT RELATED	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PAR N WAS PERFORMED 1200. AUTOPSY? 1206. IF YES, WERE FIR				RE FINDIN	NGS USE	
TEC								YES -	10 IN CEI	RTIFYING YES	CAUSES	OF DEA	
7 8	210. ACCIDENT WAS	_	215. TIME O		DAY YEAR		JURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I O	R PART 2)		
1	OR CONTRIBUTING	_		.M.	19	100 Str.							
MEDICAL		WHILE WORK		OF INJURY IREET, FACTORY, O	FFICE, FARM, ETC)	211. LOCATIO	N Ca.	(TITY OF TOWN	6	21		STATE
	220.1 certify that sow the dece above, (1) (we	(1) (this hospiteosed olive on a	> 12	6	8911	and that in (my)	, 19 4 (our) opinion	deoth occurred o	on the dote and	1901 hour ond		that (I) (
	22b. SIGNATURE	Fran	070	Yeo	. (TTENDINO PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	2	S DATE	26/	84
	22d PHYSICIAN'S	NAME (TYPE OR	PRINT)	0		22e. ADDRES	S						
23a	BURIAL, CREMATIO	N. REMOVAL	123b. DATE		23c. NAME OF	CEMETERY OR C	REMATORY	123d LOCATI	ON				SOUTH TO
	(SPECIFY) Burial			9.1981	T 157.5	Cemete		Calver	TOWN	I. Mas			DEADS

DHMH - 16 50M 4/83

TO FUNCTAL DIRECTOR, After the centricans has been upned by the ottending physicion and completely filled in by the translation of completely filled in by the translation of security and the bright be filled with the State Dept. of Health and Minnel Hyphere prior to buriof, cremation, or removal.

niny, or other froumotic event, the medical exo

24 FUNERAL DIRECTOR (VRA 15, 4)

WPORTANT, If Nem 21 is marked by

Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3

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To the second		Name of the		
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		AND ASSESSED.		
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

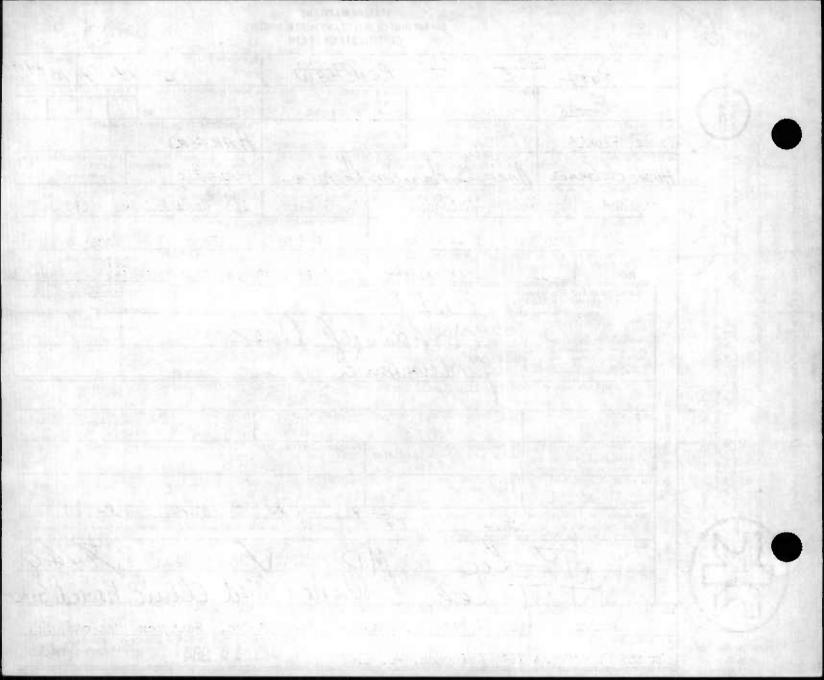
1-	FOR STATE REGISTRAR			DEPARTA		ICATE OF D		ene 8 4	REG. NO.	3	9 1	6	
(TYPE	CEASED NAME ORPRINT) RUT	FIRST Rut	n E dr	a Edna	RE	NSHA!	aw,	20 DATE OF	<	ONTH D	14-84	2b. HO	444
3 SEX		4	ACE		5. DATE C		YEAR	6 AGE (IN YE	ARS LAST BIRTHE		IF UNDER 1 YEAR	HOURS	MIN.
2 01	/ ema		White	ALLA T COLIN ITRYS	Oct.	6, 192		58 9 BALTIMOR	E CITY OR	YRS.	OF DEATH		
_ 0	npa, Florid		USA	VHAT COUNTRY?	MARRIE		ARRIED 🗆	11	FOR	OUNTT	OF DEATH		MD.
HA	TY OR TOWN OF DEA	ACE /	ART-C		address) arial	// .		120 USUAL C (TYPE OF WORK House	FOR MOST OF V		12b. KIND C INDUSTRY)F BUSIN	ESS OR
124 0	al residence (# nurs state aryland	Harfor		GIVE RESIDENCE BEFORE 134, CLTY OR JOW Abingdon	N			130. STREEL A	DORESS Maryl	and A	ive 2	1009	
14. FA	ATHER'S NAME	UNKNÕW	N N	LAST		F	MAIDEN NAM IRST dith		MIDDLE dna		Parso	st INS	
	VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARMEI		166 SOCIAL SECU 264-34-4		17 INFORMAT	ia D.Di	ivens.	9687		20708 irk Rd	l. Lau	rel M
NO	PART I. DEATH W Queen to improve the couse (o), stating underlying cause PART 2 OTHER SIGN	, which mediate on the last.	DUE TO, OF	AS A CONSEQUE	oce of NOM	NOT RELATED	Ldvu	MAL DISEASE	OR CONDI	TION GIVE	EN IN PART I	a	164
CERTIFICATION	190 DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTO			, WERE FINDI ING CAUSES		TH?
MEDICAL CER	21a. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTHY MEDI 21d. INJURY OCCUR	CAUSE OF DEATH CAL EXAMINER) RED	P./ 21e. PLACE (a, month da a,	19	211 LOCATIO STREET	ury occurre	ED (ENTERNAT	CITY OR TOWN	4	COUNTY		STATE
	270. I certify that (I) sow the deceose above. (I) (we) (c) 27b. SIGNATURE	(this hospital) ed alive on did) (did not) vi	5-14 ew the body	19			our) opinion d ITENDING O	Medical. Med Med	STAFF PHYSICIA			/	, ,
	BURIAL CREMATION, (SPECIFY) BWIG	Control of the Contro	May 17	,1984 St		EMETERY OR C		23d. LOCA	Perri	Ima ia	COUNTY Late / a		STATE Md.
24 FI	UNERAL DIRECTOR		may 17	,1704 32	· GEO/L	yes Lp	250 DATE	REC'D. BY RE			Harfo RAM'S.SIGNA	TUDE	mu.

DHMH - 16 50M 4/82 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

May 17,1984 St. George's Episcopal Cem., Perryman Harford Md.

111. Abinadon. Md. 21009 MAY 16 1984 Juna Davidson Harford MAY 16 1984



deoth certificate be executed within 24 hours at

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL F CERTIFICATE OF DEATH	TYGIENE REG. NO.
T. DECEASED NAME FIRST (TYPE OR PRINT)	N Wilson	Rigdon	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 10 45P
3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
MALE	WHITE	3 18 22	62 YRS.
70. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
Maryland	USA	WIDOWED DIVORCED	☐ Harford County ME
10. CITY OR TOWN OF DEATH Fallston	(IF NOT IN SUCH EACHLITY, GIVES	bricen, Mosa	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Truck Driver
USUAL RESIDENCE (IF NURSING HOME OF 136. STATE 136. COU Maryland Ha	NTY 13c CITY OR	eford 13d INSIDE CITY LIMITS	1515 Jones Road Allo
14 FATHER'S NAME FIRST John	A. Rigdon		MIDDLE
160, WAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMANT	ADDRESS
No No	219-0	7-2820 Linda Cull	Lum, Whiteford, MD 21160
Conditions, if ony, which gave rise to immediate cause (a), storing the underlying cause last. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING			ERMINAL DISEASE OR CONDITION GIVEN IN PART Trains 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TIFE			YES NO YES NO
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH ER) P.M. 21e PLACE OF INJURY	DAY YEAR 19 211. LOCATION	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
WHILE D NOT WHILE D	(AT HOME, STREET, FACTORY, OF	FICE, FARM ETC) STREET	CITY OR TOWN COUNTY STATE
220-1 certify that (I) (this hosp sow the deceased alive o	oitol) attended the deserved from ot) view the body attended the	V / /	
274 PHYSICIAN'S PLANE (THE		22e. ADDRESS	
230. BURIAL, CREMATION, REMOVA		23c. NAME OF CEMETERY OR CREMATO	CITY OR TOWN COUNTY STATE
Burial	May 8,1984	Emory	Street Harford Maryland

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the filmerial dishould be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled within 72 has with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or ather traumatic event, the

John H. Harkins, 600 Main Street, Delta, PA

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE.

John William Rigdon MARK WHITE E B I Professional and the first the first and the second completely filled in by the funeral director,
3 and 2 should be filed within 72 hours of

executed within 24 haurs ofter deoth. Page

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

	3	7	1
REG NO			

1 -	FOR STATE REGISTRAR		DEPART		EALTH AND M		IENE 4 REG. N] 3	3 9 1	Ö
	CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH		DAY YEAR	2b. HOUR
{ TAPE	JUDIT	H D	ARLENE	RU	DISILL		May 2		1984	12:25рм
3. SE	× ·	4. RACE		S. DATE C			6. AGE (IN YEARS LAST BIR		MONTHS DAYS	IF UNDER 24 HRS
1	Female	Whit	е	Augu		1 9 44	39	YRS.	MONTHS; DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	B.	D NEVER M	APPIED	9. BALTIMORE CITY C	R COUNTY	OF DEATH	
	Maryland	United	States	WIDOWE		DRCED 🔼	Harford		I	MD.
Darlington 11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVES I 2103 Swartz Ro			ch facility, give street wartz Roa	ADDRESS)	OR OTHER INSTI	NOITUT	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Courier	OF WORKING LIF		f BUSINESS OR Ler
USU/ 13a. S	AL RESIDENCE (IF NURSING HOME STATE 136, CC	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR		1 13d. INSIDE CIT	Y LIMITS?	130 STREET ADDRESS		21	1124
M		rford	Darling		YES 🔼	40 🗆	2103 Swa	rtz Ro	oad	
	THER'S NAME FIRST Sames	MIDDLE W.	Copela	nd, S	HK	MAIDENNA/ RST irle v	WE		Davis	
16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU		17. INFORMAN		ADDR			
	res, no or unknown) (if yes.	GIVE WAR OR DATES)	198-34-	6325	James V	. Cope	eland, Sr.	Dar 2103 S	clingtor Swartz I	n, MD Road MATE INTERVAL DINSET AND DEATH
NOI	Conditions, if ony, which gove rise to immediate couse (o1, stoting the underlying couse lost. PART 2. OTHER SIGNIFICAN	(c)	R AS CONSEOU	ENCE OF	NOT RELATED T	O THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 110	,
IIFICAT	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		S, WERE FINDING CAUSES	
MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A		AY YEAR	21c. HOW INJ	JRY OCCURE	RED (ENTER NATURE OF INJU			
MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION	4.	CITY OF TO	NWO	COUNTY	STATE
	22a. I certify that (1) (this has sow the deceased alive above. (1) (we) (did) (did) 22b. SIGNA (DRE 22d. PHYSICIAN'S NAME (TY Dudley Phill	on not) view the body	rofter deoth.	11	DEGREE AT PH 220. ADDRESS	TENDING	DIRECTOR PHYSIC	FF 1		that (I) (we) lost couses stated SIGNED
230. 6	BURIAL, CREMATION, REMOV SPECIFY) Burial				emetery or co		23d LOCATION CHYORTOWN Darlingt	on Ha	county	state laryland

DHMH - 16 50M 4/82 (VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages } with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician

IMPORTANT: If Item 21 is morked or Item 18 shows ony

John H. Harkins 600 Main Street Delta

injury, or other troumotic event, the

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DEPARTMENT	OF HEA	ALTH AF	ID MENTA	AL HYGIENI
CE	RTIFIC	ATE O	F DEATH	1 8

. 1	~	9	1	9
REG. NO.	3			7

FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 4 REG. NO.	3919
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR 26. HOUR 10
TIME CEREBRIS	on Jerome	, Schaeffer	5	5 84 4 AM
1. SEX	1. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS
/ Male	White	Jan. 23, 1918	66	MONTHS DAYS HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN		9. BALTIMORE CITY OR CO	
Pennsylvania	USA	WIDOWED DIVORCED	Harford	MD.
10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE	11 11 11	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS OR INDUSTRY
HAVE de GACE		BEFORE ADMISSIONI	Clerk	
Maryland Harf	NTY I3c. CITY OR	TOWN 134. INSIDE CITY LIMITS?	626 Shirley	
14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	IAME MIDDLE	LAST
William		haeffer Francis	S	Flerarl
(YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166, SOCIAL NE WAR OR DATES)	S-7126 Martha J.Sc.	ADDRESS	MD,21001 irley Dr., Aberdeen
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	nly one couse per line for (a), (t ED BY: ITE CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	my ocarrhal info	inction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 36 Lyss
	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 11a
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		O. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE THE ETHER, MOTHY MEDICAL EXAMINE 71d. IN JURY OCCURRED WHILE AT WORK AT WORK	HOUR A.M. MONTH	1 DAY YEAR 19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN I	TEM 18 PART I ORPART 2) COUNTY STATE
270 I certify that (I) (this heep saw the deceased alive a	111	211	n death accurred on the date a	nd haur and fram the causes stated
226. SIGNATURE	unkett 2		MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED My S, 1984
224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		

TO FUNERAL DIRECTOR, should be detached for us with the Store Dept. of Hec MPORTANT, If them 21 is

After this certificate has been signed by the attending physicia

the burial-transt permit. Then please remo and Mental Hygiere prior to burial, crempt

DHMH - 16 50M 4/83 (VRA 15, 4)

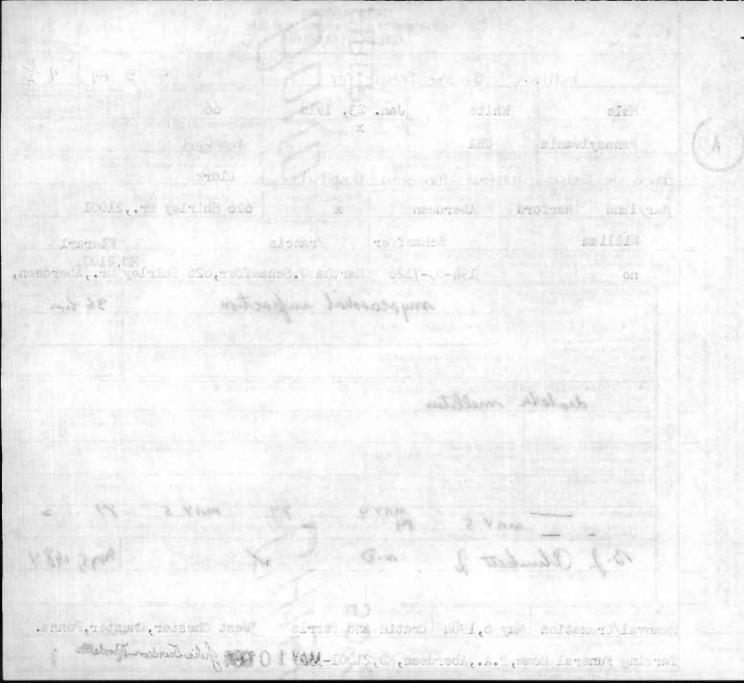
23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Removal/Cremation
24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Cratin and Ferris

West Chester, Chester, Penna.

May 6,1984 Tarring Funeral Home, P.A., Aberdeen, MD, 21001-169

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE



ATTENDING PHYSICIAN.

A		FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE REG. NO.	3 9
	ad see a	1. DECEASED NAME (TYPE OR PRINT) BLA		WILFONG	Scott	20. DATE OF DEATH MONTH 5- /	6 - 84
	1	3. SEX	4. RACE WHITE		ATE OF BIRTH MONTH PTEMBER 8, 1906	77 YRS.	IF UNDER I YEAR
	(A) (5)	70. BIRTHPLACE (STATE OR COUNTRY) West Virginia	usa usa	WID	ARRIED X NEVER MARRIED DOWED DIVORCED	HARFORD	OF DEATH
10	1100	HAURE OF G		H FACILITY, GIVE STREET ADDRES	ME OR OTHER INSTITUTION S) LIAL ASPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE (RET) SECRETARY	12b. KIND (INDUSTRY
ND 212	filled in ould be	USUAL RESIDENCE (IF NURS 130 STATE MD	ING HOME OF OTHER INSTITUTION, 13b COUNTY HARFORD	GIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN HAVRE de GRAC	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 557 GREEN STREET	2
MARYL	mpletely ond 2 show	14 FATHER'S NAME FIRST L.	MIDDLE	WILFONG	15. MOTHER'S MAIDEN NA FIRST CORA	MIDDLE M.	WALT
IMORE,	n and ca Poges	166 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO	IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	16b. SOCIAL SECURITY I	WALTER F. SCO	ADDRESS TT SAME AS #	∦13e
201 W. PRESTON ST., BALTIA	s that the deoth certificate bed by the ottending physician blease remove carbon papers, rial, cremation, or removal.	18. CAUSE OF DEAT PART I. DEATH W LOCAL CONDITION OF THE PART I. DEATH W Conditions, if any gove rise ta imm cause (a), statin underlying couse	og the DUE TO, O	R AS A CONSEQUENCE R AS A CONSEQUENCE	of mysecondard.	Afron Lose of Condition GIV	APPROXIBETIVEEN Sun
s'	oir en bud	Z FART 2. OTHER SIG	VIFICANI CONDITIONS CO	JINIKIBUTING TO DEAT	BOLINO! KELATED TO THE TERM	WINAL DISEASE OR CONDITION GIVE	FIA HALLAKI II

GIVEN IN PART 1/a 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive or and that in (my) (aur) opinion deoth occurred on the date and hour and from the couses stated

docte, fir five flora flora flora flew file body difer dediff.		
26. SIGNATURE	DEGREE	22c. DATE SIGNED
6 divad Armino	M. D. ATTENDING MEDICAL PH	STAFF YSICIAN 5/16/84
M. PHYSICIAN'S NAME AND GENERAL	??e. ADDRESS	

23c. NAME OF CEMETERY OR CREMATORY

HARFORO MEMORIAL GAROENS

ABEEROEN, HARFORO CO., MARYLANO

230. BURIAL, CREMATION, REMOVAL (SPECEY) BURIAL 24 FUNERAL DIRECTOR

MEDICAL

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

19 MAY 84

23b. DATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

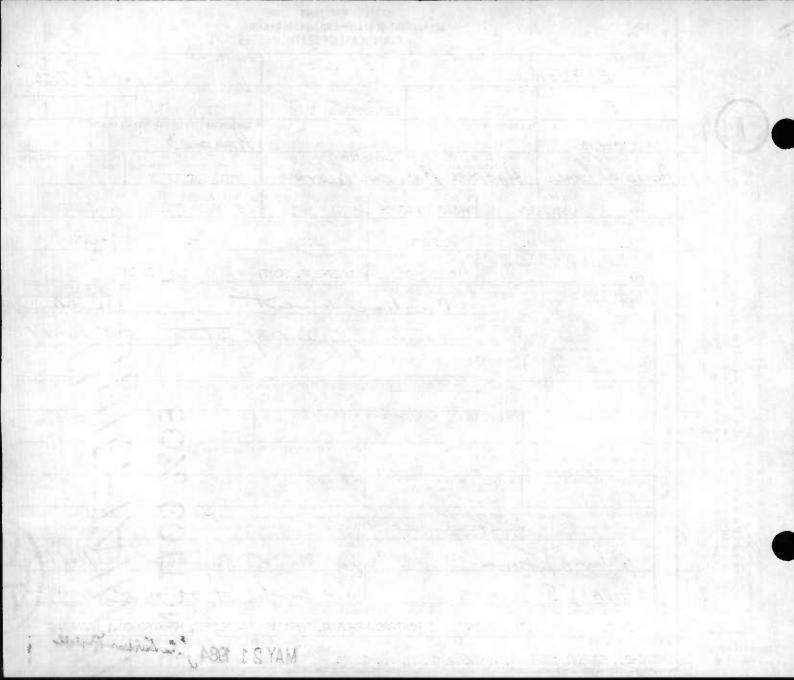
2b. HOUR

12b. KIND OF BUSINESS OR

21078

WALTON

MD.



3-		1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 4 REG. NO	1 3 9 2 1
	e Code		CEASED NAME FIRST OR PRINTS	WIDDLE	Sexton	MAY 25	3 1984 5
	(1)	1.5E	MAIR W.	hite	DEC. 29, 1941	6. AGE (IN FEATS LAST BIRTI	MONTHS DAYS HOURS
•	US	21	MARYLAND U	SA OF WHAT COUNTRY?	MARRIED MEVER MARRIED WIDOWED DIVORCED	HACTOR	1_
203	1 100	HA	yre de Corace HAI	HOLD GIVE STREET	emi Hospital	DRY WALL	WORKING LIFE) INDUSTRY
AND 213	The state of the s	USU IJa	AL RESIDENCE (IF MURSING HOME OR OTHER INSTIT STATE 130. COUNTY HARFOR	13c CITY OR TOW	N 134 INSIDE CITY LIMITS?		ZIP CODE ROLL GREEN ROLL
BALTIMORE, MARYLAND 2120	and a with	4 FA	DAUGHTON MIDDE	SEXTON	15. MOTHER'S MAIDEN NA. FIRST NANNIE	MIDDLE	ENNINETON
I MORE,	Popes		VAS DECEASED EVER IN U.S. ARMED FORC yes, IN OR UNKNOWN) (IF YES, GIVE WAR OR DA			SEXTON,	STREET, MD
201 W. PRESTON ST., BAL	hat the death certificate by the attending physics se remove carbon disper- i, cremotion, or remoral other traumatic event, the		Canditions, if any, which gave rise to immediate	eane	u grang with	n metast	APPROXIMATE INTERVENCE ON STATE OF STAT
ORDS, 20	signed Then plea to burio	NO.	PART 2. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)
AL RECO	No be by	CERTIFICATI	19a DATE OF OPERATION 19b C	ONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
ON OF VIT	fing physics certificate surial transmitted wented thys	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOU [IF EITHER, NOTIFY MEDICAL EXAMINER]	ME OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY	YEAR 19 216 HOW INJURY OCCUR		
DIVISIO	After the cost the co	ME	WHILE NOT WHILE AT WORK	ME, STREET, FACTORY, OFFICE, F		CITY OR TOV	VN COUNTY ST
	Notation of the force of the feet of		22a.1 certify that (1) (this haspital) attends saw the deceased alive an above, (1) (we) (did) (did not) view then 22b. SIGNATURE	190 (19)	A PECREE	D	ite and haur and from the causes star
	A the Control of the			VW	ATTENDING PHYSICIAN	MEDICAL STAF	

23c. NAME OF CEMETERY OR CREMATORY

DARLINGTON

DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR JOHN H. HARKINS, 600 MAIN STREET, DELTA, PA

MAY 26,1984

23b. DATE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

BY REGISTRAR 256. REGISTRAR'S SIGNATURE 25a DATE REC'D.

23d LOCATION
CITY OF TOWN
DARLINGTON

HARFORD

Fee 2 2 Sex 60 11/19/2 38 1984 5 500 HAVE STANKED STANK ARU GURARAMAM HAME IN TAPES TO STATE OF THE SECTOR OF THE CONTRACT OF THE STATE OF THE SECTOR OF THE energy transfer and the state of the state o non-comment and commonly software of better out LE - STAITS LUCY MY SENTEN B- 92 Entered to the second of the second

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NO.				

FOR			DEPA	RTMENT OF H	EALTH AND MENTAL HY	GIENE	1 60	7 0 1	2 9)
- STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 4 REG	NO) 7 6	G.	
I. DECEASED NAME	FIRST	A	AIDDLE	- L	AST	20 DATE OF DEATH		DAY YEAR	2b. HOU	R
(TYPE OR PRINT)	1/1		K :	5		l h	1-11	1981	91	P
3. SEX	1190	1 RACE	Aizab	S DATE C	MMANS	6. AGE (IN YEARS LAST	May 4	# UNDER TYEAR	IF UNDER	24 HRS
100000000000000000000000000000000000000				нтиом	DAY YEAR			AONTHS DAYS	HOUR5	MIN.
Female		White		Feb.	. 12 1930	54	YRS.	22222		
M HIRTHPLACE (S	ATE OR FOREIGN	76. CITIZEN OF		RY? 8 MARRIEI	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH		
	/irginia	U.S.A		WIDOWE			ford			MD.
10. CITY OR TOWN	OF DEATH		HOSPITAL, NUF H FACILITY, GIVE ST		OR OTHER INSTITUTION	128 USUAL OCCUP		12b. KIND OF	BUSINE	SS OR
Harre de	Grace	Harfor	d men	Morion	Hospital	Labor		Blue (Chip	Inc
MISUAL RESIDENCE	JAN CORN	OTHER INSTITUTION,	GIVE RESIDENCE BE		13d. INSIDE CITY LIMITS?	13 STREET ADDRES	S / 7IP CODE	nr	4	7
Md.	Ceci		Colora		YES NO N	69 LoveRi	in Rd.	2/	1/	
A FATHER'S NAME	110				15. MOTHER'S MAIDEN N.					
Landen	,	MIDDLE	Shor	tridge	Rache	, widdfi		Van Dyk	P	
16g WAS DECEASED	EVER IN U.S. AR	MED FORCES?	166 SOCIALS		17. INFORMANT		DRESS	odii oyik		
(YES, NO OR UNKNO		E WAR OR DATES)	226-38	_5500	Margaret L.	McCandoll (same ac	ahovo		
					horyaret L.	/	odnie as		MATE INTER	EVAL
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3/	DUE TO, OR AS A CONSEQUENCE OF									
	Conditions, if ony, which (b) Constitution Sarcy are									
couse (a),	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF									
underlying	underlying cause last. (c)									
PART 2. OTH	RSIGNIFICANT	ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR SO	ONDIJION GIVI	EN IN PART To		
§ ((/	Mill	u	Sta	ses	moust	not H	> ruce	n		
190 DATE OF 0	OPERATION	96 COND	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDING		
1		1		/		YES NO			NO [
21a. ACCIDENT	WAS UNDERLYING				21c. HOW INJURY OCCU	RRED (ENTER NATURE OF I	NJURY IN ITEM TB PA	ART T OR PART ?}		
OR CONTRIBUTE	NG CAUSE OF DEA			DAY YEAR						
(IF EITHER NOT	FY MEDICAL EXAMINER	21e. PLACE		IA	21f LOCATION					
- white	NOT WHILE		EET, FACTORY, OFFICE, FARM, ETC) STREET			CITY O	RIOWN	COUNTY	5	TATE
AT WORK	AT WORK			m 4-	6 10 84			10 TH		11 .
	that (1) (this hospit	-	deceased fro	2/11	nd that in (my) (our) opinion		-7		thot (I) (v	
obove, (1	deceased alive on, (we) (did) (did no		ofter death.			in death occurred on the	dore and nour			rea
22h SIGNATU	99 111	1 9	10 0	2	DEGREE	MEDICAL S	TAFF	22c. DATE S		,
11/	Win 0	n. 1	Vacel	90th		DIRECTOR PHY		5-3	5-84	1
22d PHYSICIA	N'S NAME THEO	e rend;			22e ADDRESS		^			4.74
Iru	in L.4	Achsm.	AN. M	DI	Hourede	- (PRACE	mo			
23a. BURIAL, CREMA		23b. DATE		ZJC NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			7-	
(SPECIFY) Buria	1	May 7.	1984	Fheneze	er Meth. Cem.	Risina		Cecil		1d.
and design who for	A mba					1 112				

BP. DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR, after this certificate has been signed by the otherding physician or should be detached for use as the busiol-transit permit. Then please remove corban papers. Paywith the State Dept. of Health and Marital Hygiene prior to busial, cremation, or removal.

ATTENDING PHYSICIAN, The

IMPORTANT if them 21 is marked or them 18 shapes any

24 FUNERAL DIRECTOR (VRA 15, 4)

May 7,1984

Ebenezer Meth. Cem. Rising Sun Cecil

250. Date REC'D. BY REGISTRAN 256. REGISTRAN SSIGNATURE

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Mary on the second of the seco	
New 7, 1984 Ebenezer Foto. Cert. Culting Ster Court Nd.	

REG. NO.	1	3	y	2	

1.	FOR STATE			DEPAR	CERTIF	EALTH AN		YGIENE	2 4		3 9	2	3
	REGISTRAR						DEATH	-	REG.		2.14		
	CEASED NAME E OR PRINT)	Sara		Haraai	ret	Sina	leton	20. D	ATE OF DEATH	month 'main	29 191		HOUR 40
1.58	X		RACE	· ini da	S. DATE C			6. AC	E (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 Y	EAR IF U	INDER 24 HRS
11120	- Ferma	le	whi	te	Nov.	าำ	1935		48	YRS	300	AYS HO	URS MIN.
10.0	MTHPLACE (STATE OR I	FOREIGN 76		WHAT COUNTR	Y? 8	NEVE	R MARRIED	9 BA	LTIMORE CITY	OR COUNT	Y OF DEATH	1	
9	Maryland		USA		WIDOWE		DIVORCED [19	ar ori	d	MD.
10 C	Wre de tor	oce 1	HAME OF H	HOSPITAL, NUR		f (NSTITUTION	(TYPE	ISUAL OCCUPA OF WORK FOR MOS Cretary	TOF WORKING L		piry pita	ISINESS OR
13a.	AL RESIDENCE (IF NURS	136 COUNTY	1	13c. CITY OR TO	ORE ADMISSION)	YES XX	CITY LIMITS?	13e.S	TREET ADDRESS	MED F		10	kot.
0.30	ather's NAME	F. **	DDLE	Hutton		15. MOTHE The	R'S MAIDEN I	NAME	WIDDLE	200	Hami	ltor	1
16a \	WAS DECEASED EVER		ED FORCES?	166. SOCIAL SE	-3687	17. INFOR	ie Gib	son 9	63 G Re	RESS edfield	Rd.,	Bel	Air, Mo
	18 CAUSE OF DEAT PART I. DEATH W	H (Enter only /AS CAUSED IMMEDIATE	BY:	Tine Hay 1075	MAC	, Ar	PRES	17			BETW	ROXIMATE EN ONSET	INTERVAL T AND DEATH
ā	Canditions, if any, which (b) DUE TO, OR & A CONSEQUENCE OF IVE MYOCARDIAL							_					
	gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF THE CON								ONE				
NOI	PART 2 OTHER SIGN	VIFICANT CO	NDITIONS <u>C</u> C	ONTRIBUTING T	O DEATH BUT	NOT RELAT	ED TO THE TE	RMINALI	DISEASE OR CO	NDITION GE	VEN IN PAR	I lia	DIN.
CERTIFICATION	19a. DATE OF OPERA	TION	196 CONDI	ITION FOR WHI	CH OPERATIO	TION WAS PERFORMED 20a AUTOPS YES \(\sigma \)				IN CERTI	S, WERE FIN IFYING CAU ES	SES OF	USED DEATH?
	21a. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A	M. MONTH	DAY YEAR	21c HOW	INJURY OCCI	URRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART	2)	
MEDICAL	21d. INJURY OCCUR	RED	21e. PLACE			211 LOCA			CITY OR	TOWN	COUNTY		STATE
	220.1 certify that (I) (this haspital) attended the deceased from 5-29, to 5-29, that (I) (we) lost say the deceased alive an 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,									, ,			
5	Jan 4	2.7	non	ahrt	m	DEGREE	ATTENDING PHYSICIAN		DICAL ST	TAFF SICIAN 🗌	22c. D.	Alesign 129	1/FY
	224 HYSICIAN'S N.	AME (TYPE OR P		JAR1	L	22e ADDE	VH C	de	SHOCE	Ry	6. 3	10	78
23a	BURIAL, CREMATION,	REMOVAL	June.	1.1984	Slatev:	EMETERY C	RCREMATOR	23	De Ta	Yo	rkounty		Pastate

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR. After this certificate has been speed by the attending physician shapid be detached for use as the buriol/sconis permit. Then places remain carban papers, with the State Dept of Health and Mental Hygiene prior to buriol, crentation, or removal.

MPORTANT # hem 21 is morked or hem 18 sho

(VRA 15, 4)

24 FUNERAL DIRECTOR
John H. Harkins

600 Main St. Delta, Pa, 1731 UN 4 1984 guis Javidson Augustus

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	((COURT . LOS TON	

Male White Jime 21, 1898** 18 BIRTHPLACE (STATE OR JOHEON 78 CITIZEN OF WHAT COUNTRY)? Maryland U.S.A. WDOWED DEVORCED Harford County Who were marked with the provided of the prov	PER I YEAR IF UN		20. DATE OF DEATH MONT	AST		MIDDLE		CEASED NAME E OR PRINT)	
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The city or town of Death 11. Name of Hospital, Nursing Home or Other Institution 120 usual occupation 172 usual occupation 172 usual occupation 173 usual occupation 173 usual occupation 174 usual occupation 175					MARRIE			COUNTRY)	1
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE DECEASED NAME 20. DATE OF DEATH 26 HOUR TYPE OR PRINT Stella Viola. 81 0 Struven IF UNDER 1 YEAR 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAYS HOURS 1885 2 **Female** Caucausian M. BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) HArford County USA Maryl and WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FINE Artist Artist Air Convalescent Center Bel JSUAL RESIDENCE (IF NURSING HOME) OTHER INSTITUTION 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN MATYLAND BALL MOTE (21214) 2918 GLENMORE YES 风 AVENUE NO [TSALL MOTE CIT 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ROSE MIDDLE MIDDLE KIAUS STRUVEN DiEdrich 17 INFORMAN (12 20 1) 879 - 8447 608 Borsey Road 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! mrs, mary K. AltizEr NO 220-44-0718 BEL Air, Mary and 21011 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), the PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate other couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? shows NOX 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view, the body ofter death 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23d. LOCATION (SPECIFY) STATE Loudon Park CEMETERY Burin may 22,1984 BALTIMOTE, MARYLAND 250 DATE REC'D. BY REGISTRAP 255. REGISTRAR'S SIGNATURE 50 W. Broadway & Williams St. JOSEPH WITTING TOSTET wie Davidson-Randelle BEL Air MARyland 21014 stert warolly work

DHMH - 16 50M 1/76 (VR A 15 (4))

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s certificate burial-transit Mental Hygin Apple Comments of the P. L. Carlo

executed within 24 hours after death. Page 4 may be

completely filled in by the funeral direct of and 2 should be filed within 72 hours

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

STATE OF MARYLAND

REG. NO.	ì	3	9	2	

1	FOR			DEPARTM		EALTH AND MENTAL H	YGIENE		· · · · · · · · · · · · · · · · · · ·	13 60
	REGISTRAR				CERTIF	ICATE OF DEATH	ដ	REG. NO.	3 9	la O
	CEASED NAME	FIRST	MIE	DOLE	· ·	AST	20. DATE	OF DEATH MONTH	DAY YEAR	2b. HOUR
(TYPE	OR PRINT)	mma	J	OAN	-	A4/OR		MAU	11 84	10 AN
3. SE	х	4. RAC	CE _		5. DATE C	F BIRTH		IN YEARS LAS BIRTHDAY)	IF UNDER TYEAR	
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	RTHPLACE (STATE OR COUNTRY) MC		USA	HAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIA	MORE CITY OR COUNTY	NTY OF DEATH	MC
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13a.	AL RESIDENCE IN THE	13b. COUNTY	- 1	3c. CITY OR TOWI	N	13d. INSIDE CITY LIMITS		ET ADDRESS		
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14. F/	ATHER'S NAME FIRST	MIDDLE		LAST		15. MOTHER'S MAIDEN Harriet		MIDDLE	Tayl	or
16a. \	WAS DECEASED EVER	IN U.S. ARMED F	ORCES?	66 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS	20,7	
(yes, no or unknown) NO	(IF YES, GIVE WAR C		219-22-1	013	Carolyn Gi	ttings	457 Layfay	yette St	.HDG,Md.
	PART I. DEATH VI	VAS CAUSED BY: IMMEDIATE CAU D , which mediate and the last and the	USE (0)	MKDI.	2985 NCE OF	PRRE	ST		BETWEEN	XMATE INTERVAL LONSET AND DEATH
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CERTIFICATION	190. DATE OF OPERA	TION	9b. CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	YES [IN CER	YES, WERE FINDI RTIFYING CAUSES YES	
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	ow the deceos		5-1	19_3	84.01	nd that in (my) (our) opini	ion death occu	rred on the date and h		, that (I) (we) lost causes stated
(SIGNATURE	なっか	w	raphl	m	DEGREE ATTENDING PHYSICIAN		DR PHYSICIAN	22c. DA/E	SIGNED
	THE IMPOUNTABLE N	AAAE ITYDE OD DOWNT		A 13	4 11	22a MADDESS	A A	Same Same	0 16	' /

23c. NAME OF CEMETERY OR CREMATORY

St. James United

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumatic event, 4b

IMPORTANT: If Item 21 is morked or Item 8 shows ony

24. FUNERAL DIRECTOR ArnoTd Beard 353 Fountain StoreHavreDeGrace, Md.

5-16-84

23b. DATE

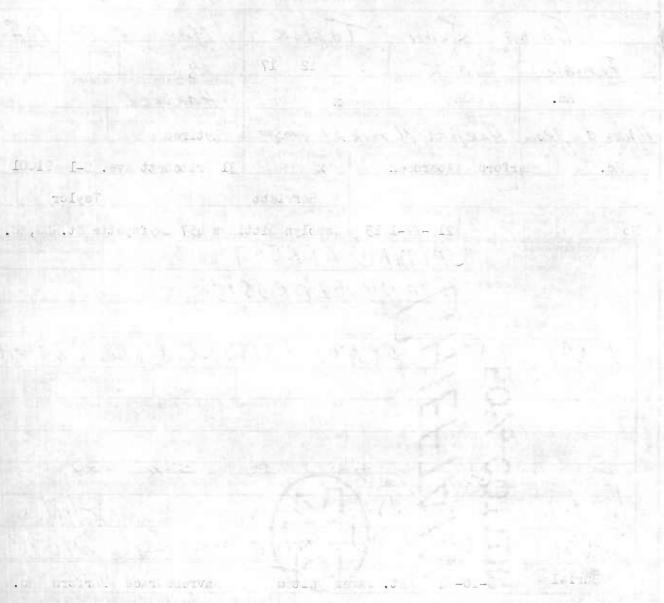
23d LOCATION
CITY OR TOWN
Havre De Grace

Harford Md.

REGISTRAR 25% REGISTRAR'S SIGNATURE
1984 Julia Davidson-Pandala

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

(VRA 15, 4)



Armonde seered 153 Nomments 5 % herron truch, 11.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

CERTIFICATE OF DEATH

28 DATE OF DEATH MONTH 2h HOUR 1981 DZET IF UNDER 1 YEAR IF UNDER 24 HRS & AGE (IN YEARS LAST BIRTHDAY)

4 RACE 5 DATE OF BIRTH MONTH WAJE WhitE July TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH

The CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Harford

Country 12s USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BranchChief U.S. Govt

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? MATHIAND

MIDDLE

(IF YES, GIVE WAR OR DATES)

W.W. 7

Raymond

BEI Air HArford Co.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

949 Moores Mill

MIDDLE

YES [NO Y 15. MOTHER'S MAIDEN NAME

949 MODIES MIDDLE

SUFFAN

LAST HANNAh TOZET 146 SOCIAL SECURITY NO

148-07-8099

Mrs. REBA V. TOZET

13R STREET ADDRESS

17 INFORMAN(NICE) 838-4528 ADDRESS 949 MOOTES Mill ROAD BET Air maryland 21014 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

BYEARS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Course of Prostate IMMEDIATE CAUSE (0)

DUE TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

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Canditians, if any, which

FOR

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REGISTRAR

HEW JETSEY

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IYES, NO OR UNKNOWN)

MAS DECEASED EVER IN U.S. ARMED FORCES?

6 CITY OR TOWN OF DEATH

BEI

M. FATHER'S NAME

YES- Army

CERTIFICATION

MEDICAL

WHILE AT WORK

(SPECIFY)

Burial

27h SIGNATURE

23e BURIAL, CREMATION, REMOVAL

L DECEASED NAME

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED
100	

200 AUTOPSY?

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

Ctch 1-433-1520

NOM 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

DEGREE

CITY OR TOWN

COUNTY STATE

220.1 certify that (1) (this haspital)_attended the deceased from sow the deceased alive on shove. It (wei)(did) (did not) view the body after death

BECOMPEL and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated

ATTENDING

MEDICAL STAFF PHYSICIAN A DIRECTOR PHYSICIAN

22c. DATE SIGNED

STATE

274 PHYSICIAN & NAME (1995 OR PRINT) WE'NET. SEYMOUT M.D. 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

1900 East Northern Parkway, Baltimore, Md. 23d LOCATION

CITY OF TOWN RICHMOND COUNTY WESTEVER MEmorial Park Augusta, County

JOSEPH WILLIAM FEST myllville Folz

NOT WHILE

50 W. Broadway & Williams St. 250 DATE REC'D. BY REGISTRAR 25h REGISTBAR'S SIGNATURE

MAY O DOOR SUMMED DAY BOND SUMED DAY BOND SUMMED DAY BOND SUMED DAY BOND S BEI Air, Maryland 21014

DHMH-16 25M (VRA 15, 4) 1/79

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MATE OF MARYLAND

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Houre de Grace	HARTON (Hem.	Hospital	Forman I	Ret. Md.	
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underlying couse last	DUE TO, OR ANA CONSEQUE	7/1).			
PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF COND	ITION GIVEN IN PA	91 Toy
	STREET STREET STREET	-		Marine Scale of the Scale Scale	Milital Patting Co.	SATE.
18º Date Of Oberation	THE CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	19s. AUTOPSY?	20h IF YES, WERE FI	
DH .	The statement of the st			YES TO NOW	IN CERTIFYING CAL	NO [7]
TIE ACCREMENAS UNDER 1945	21h TIME OF INJURY		Zir. HOW INJURY OCCUR	The state of the s	Seed.	- Seed
OR CONTRACTOR CAUSE OF DEAL	Company of the Company of the	AY YEAR		designation of the second	71110-15-1-01/150-5-	
214 NJURY OCCURRED	P.M.	19	ZIE LOCATION			
214 INJURY OCCURRED	THE PLACE OF INJURY TAT HOME, SINES, FACTORY, OFFICE,	FARM, ETC.)	STREET	CHIADATON	en count	17 51431
At work had at work had			7			
	ol) attended the deceased from		19	to	19	
sow the deceased alive on above, (f) (we) (did) (did not	view the big of after death.	, o	nd that in (my) (our) opinion	death occurred on the do	and the state of t	Little and the control of the
27% SKGNATURE	1.	11	DEGRAF	-		DATE SIGNED
X	fle	10	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IND Y	HOU
274 PHYSICIAN S NAME THE OF	- /	1	The ADDRESS	1.1.00	1 11/	795
7-1	Lee		(Minon/	Mad (Lu	wor bear	o do Gra
73s. BURIAL, CREMATION, REMOVAL	20h DATE 73r.1	NAME OF	CEMETERY OR CREMATORY	234 LOCATION		1000
Burial	The state of the s		lew Cem.	Rising Su	Соинт	57 Med
74 FUNERAL DIRECTOR	10, 1504 D	LUUNV.	25a DA	TE REC'D. BY REGISTRAR		
A TO SECURE SECURE SECURE SECURE	/ / / /	11	A 230. DA			

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and com-should be detached for use as the burial-stands permit. Then please remove corbon papers. Pages, I also the State Degst of Health and Mental Hygiene prior to businol, cremation, as remained.

ATTENDING PHYSICIAN, The law reg

TO HOSPITAL OF ATTENDED INTO HE PERDITOR OF

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mjury, or other troumatic event,

IMPORTANT, If hem 21 is marked or hem 18 slibys

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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neoniti ond (all	s. Her Wagton (V	al tare-ar-as		DVI

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonoppers. Pages I and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or Item 18 show early injury, or other troumotic event, the medical examiner in the harding

mny be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	- STATE REGISTRAR		DEI ANTA	CERTIF	ICATE OF DEATH	8 REG. N	0.	3 9	29
	CEASED NAME FIRST Z	Annie	Belle	Wa	Woodward	20. DATE OF DEATH	MONTH DA 5 - 27	1 - 84	26 HOUR 12 A M
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BI		FUNDER LYEAR	IF UNDER 24 HRS
	Female	White		May	27, 1901° YEAR	83		DAYS DAYS	HOURS MIN.
	IRTHPLACE (STATE OFFOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY	YRS. DR COUNTY C	OF DEATH	
	outh Carolina	USA		WIDOWE	D NEVER MARRIED	Harfor	4		MD
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS IN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPAT	ION		OF BUSINESS OR
	WIL de Glace	Harlo	rd Memor	- 1 -	tospitel	Housewif	e	_	_
	STATE 13b. CC		13c CITY OR TOW		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
Ма	ryland Har	rford	Edgewood		YES INO	300 Flying	Doint	Road	21040
	ATHER'S NAME				15. MOTHER'S MAIDEN NA		TOMIC		
	William	MIDDLE	Revnold	_	Mamie	WIDDLE		Davis	51
16a '	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT	ADDR	ESS		
		GIVE WAR OR DATES)				Edg	rewood,	Md2	21040
	no		1251-01-9	469	Mrs.Margaret	D. Toler,	09 Fly		OINT RO
NO	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, (c)_	OR AS A CONSEQUE	NCE OF	TI Obstine	tion of b	leely	N IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	19b. CONI	DITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?			NGS USED S OF DEATH?
	?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURE	IRY IN ITEM 18 PAR	RT I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	22s. I certify that (I) (this ha	ospitol) attended t	he deceased from_		, 19	, to	, 19	9	that (I) (we) lost
	saw the deceased alive above, (1) (we) (did) (did		19		nd that in (my) (our) opinion	death occurred on the o	ote and hour o	and from the	couses stated
	22b. SIGNATURE	indi) view the boo	y direr dealin	_ u	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		121 DA/E	SIGNED 24
	22d PHYSICIAN'S NAME (14)	PE OR (MINE)	00		PAPRE C	SE GRACE	Md		
23a.	BURIAL, CREMATION, REMOV	AL 23h DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
-	Burial	May 30	1984 Bo	17:~	Memorial Card	ong Pol 7-		ford	Md.
24 5	TIMERAL DIRECTOR	may 30	71304 1BG	1711	renortal Gard	FRECH BY REGISTRA	TAN REGISTR	AR'S SIGNAT	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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retained by the hospital or attending physician.

Howard K. McComas III, Abingdon, Md. 21009

DATE RECUB. BY REGISTRARY TO REGISTRARY S SIGNATURE

Lucia Hill Chill & Houle & House

			SIAII	E UF MAKILANU				
1	FOR STATE	DE	PARTMENT OF H	EALTH AND MENTAL HYG	IENE			413
	REGISTRAR		CERTIF	ICATE OF DEATH	8 REG. NO		3 9	3 0
1. DE	CEASED NAME FIRST	MIDDLE	L	AS1		MONTH DAY	YEAR	25 HOUR
{TYP	E OR PRINT)	HENDY	7511	MAN	MAY 20	1004	-	
3. SE	JOHN	HENRY	ZELL 5. DATE C		MAY 20,		NDER I YEAR	IF UNDER 24 HRS
3. SE		4 RACE	MONTH C		B. AGE (INTEARSTAST BR	MONT		HOURS MIN.
/	MALE	WHITE	JANUA	ARY 17, 1914	7D	YRS.		
	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	MARYLAND	USA	WIDOWE		HARFORG	COUNTY		MD.
10. €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON I		F BUSINESS OR
	ומעותה ל- כתמפה	(IF NOT IN SUCH FACILITY, GIV		/T	(TYPE OF WORK FOR MOST O		NDUSTRY	OOUT
	ALRESIDENCE (IE NURSING HOM	AE OR OTHER INSTITUTION, GIVE RESIDENCE		〈Τ ·	(RET) SANATAT	TUN DEPT	CITY (JUV I
		OUNTY 13c CITY O		136. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
100		FORO HAVRE	de GRACE	YES NO	1301 LEWIS L	ANE EXT.	210)78
14. F/	ATHER'S NAME FIRST	MIDDLE LA	AST	15. MOTHER'S MAIDEN NA	ME		LAS	ī
	FREOERICK I	HARRISON ZEI	LLMAN	MARTHA	IRENE		MITCH	HELL
	WAS DECEASED EVER IN U.S.	. ARMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE	SS		
. (YES, NO OR UNKNOWN) (IF YES	S, GIVE WAR OR DATES)	2 4083	MRS. AOA MAE Z	TELL MANN	SAME AS	#130	
H				1 MINO. AUA MAL Z	LLLIMN	JAME A.		MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CA		(61, ong (C1)		+		BETWEEN	DNSET AND DEATH
	1629 IMME	DIATE CAUSE (a)	ma	e arres	/			
	1 -0 /	DUE TO, OR AS A CON	ISEQUENCE OF	Λ	/	-		
	Conditions, if any, which gave rise to immediate		1 cums	ma or	Meng			
	cause (o), stating the	DUE TO, OR AS A CON	ISEQUENCE OF					
	underlying cause last	: (c)						
	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION GIVEN I	N PART 110	0
CERTIFICATION								
1 E	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WI		
띹	NOVE		-		YES NOW	IN CERTIFYING		OF DEATH?
ER	71a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR			-	,,,,
	OR CONTRIBUTING CAUSE O		H DAY YEAR		TEN TENTEN IN INC. OF 18 70.			
δ	(IF EITHER, NOTIFY MEDICAL EXAM		19					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC 1	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
~	AT WORK NOT WHILE			,				
	22a.1 certify that (I) (this h	ospital) attended the deceased	from Man	16 19 84	10 May	7	84	that (I) (we) last
	saw the deceased alive	d not) view the body after death.	19_84, or	nd that in (my) (aur) apınian	death occurred an the do	ite and hour and	d from the	causes stated
	22b. SIGNATURE	u not view the bedy after death.		DEGREE			22c. DATE	SIGNED
	A	South		ATTENDING	MEDICAL STAF		Ma	72/8
	226 PHYSICIAN'S NAM	To Car Diseases		PHYSICIAN L	DIRECTOR PHYSIC	IAN		7
	TIE I III SICIALIA STERNING II	and the same of th		THE AUDICESS				

400 LEWIS STREET,

23L NAME OF CEMETERY OR CREMATORY

ROCK RUN CEMETERY

DHMH - 16 50M 4/83

24. FUNERAL DIRECTOR MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VRA 15, 4)

236. DATE

23 MAY 1984

IAN D. SOMERVILLE, M.D.

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

HARFORD COUNTY, MD. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d. LOCATION

CITY OR TOWN

HAVRE de GRACE, MD. 21078

